

Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health

**Developing our local offer to secure improvements
in children and young people's mental health
outcomes – October 2022**



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Executive summary

The **Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health** was approved in October 2015. This October 2022 refreshed version provides an update on the progress and challenges associated with improving Child and Adolescent Mental Health Services (CAMHS) by 2023/24.

Local health organisations and councils make up the Staffordshire and Stoke-on-Trent Integrated Care System (ICS). They are working with other local organisations and groups who work with children and young people – their shared goal is to improve mental health outcomes for all. They have been working closely with children, young people, their families and carers, and the people who work with them to understand the current picture and what needs to change.

The focus of work over the next few years will be delivered under a series of workstreams:

- Care experienced by children and young people
- Understanding capacity and demand
- Service delivery and iTHRIVE*
- Access
- Workforce development
- Prevention
- Outcomes
- Co-production.

*The THRIVE Framework is being implemented via iTHRIVE – a national programme of innovation and improvement in Child and Adolescent Mental Health (read more in Appendix 2).

The Local Transformation Plan priorities

1. Streamlining referral processes, including consideration of self-referral to CAMHS
2. Making better use of technology
3. Introducing the THRIVE model and care pathways
4. Developing intensive outreach services to support young people in crisis to prevent admission, better support for those who are waiting for admission and reduce the length of stay for those who are admitted to mental health inpatient beds (CAMHS Getting Risk Support – was formerly Tier 4)
5. Strengthening support to children and young people facing added disadvantages as a result of their specific status (for example looked after, living with a disability, membership of minority groups)
6. Strengthening transition to adult services
7. Strengthening eating disorder services
8. Improving Access to Psychological Therapies (IAPT)
9. Engagement with provider collaboratives.

What the Local Transformation Plan has achieved so far

- A **single point of access** (SPA) which is an all-age and 24/7 service, developed in North Staffordshire and Stoke-on-Trent delivered by North Staffordshire Combined Healthcare NHS Trust (NSCHT)
- A **single point of access** for children and young people is being developed in Staffordshire by Midlands Partnership NHS Foundation Trust (MPFT). The initial phase of this is to bring together access for children's emotional and mental health needs, incorporating universal services (School Nursing, Action for Children, Emotional Health and Wellbeing Provider) and specialist mental health services provided by MPFT. This is due to launch in autumn 2022
- Additional investment into **Core CAMHS** services in South Staffordshire to increase capacity for cognitive behaviour therapy (CBT), provide more specialist senior psychologists for children and young people (CYP) who have complex needs (including those who are looked after), to develop mental health support worker roles in CAMHS and to provide additional capacity to improve the access to CAMHS services through the single point of access development. Additional capacity in **Eating Disorders** services in response to growth in demand
- **Self-referral** is available across both mental health providers in Staffordshire and Stoke-on-Trent
- Combined Healthcare **wellbeing website and app** to provide support, advice and information relating to early help and interventions for children, young people and their families and strengthen data analysis. MPFT have reviewed and updated their **CYP Mental Health website**
- **Text message service** for young people and parents to get advice or discuss concerns via Chat Health (MPFT) and a pilot of a peer support app funded by Staffordshire County Council
- Development of a new digital platform 'The Sandbox' for CYP in **South Staffordshire** working with Cerebral, which has won a national procurement award and is shortlisted for a HSJ award
- Development of a **Parent Peer Support group for South Staffordshire**, pump primed with funding from the Q Community (Health Foundation)
- **Continued roll out of Mental Health Support Teams** who work with and educate school staff to identify mental health needs. This enables earlier intervention so that students can self-care and avoid crisis. They will support students with specialist needs to get the right help and stay in education
- Investment to increase capacity for staff to **develop skills and competence**
- **Dedicated place of safety assessment rooms** in both provider trusts to safeguard under-18s
- Funding awarded for **community Crisis Cafés** which will support young people aged 16-25. Work to develop the infrastructure is in progress
- **Intensive Outreach** has commenced in Stoke-on-Trent and North Staffordshire. A business case has been approved to expand provision of the current small team in South Staffordshire
- Children and young people's **mental health liaison** is fully established at Royal Stoke University Hospital with strengthened pathways to and from the Crisis Care Concordat (CCC). In South Staffordshire, there is a comprehensive psychological assessment service to the emergency department and inpatient wards of Queen's Hospital in Burton and the community hospitals (University Hospitals of Derby and

Burton NHS Foundation Trust) and County Hospital in Stafford (University Hospital of North Midlands NHS Trust)

- South Staffordshire has an autistic spectrum disorder (ASD) service in place delivered by MPFT. The new contract was awarded in June 2020, providing an integrated offer for children and young people with ASD
- **An adult eating disorders service** is now available in North Staffordshire to support transition from the CYP eating disorders service with a further anticipated expansion across the ICS in 2022
- Development of more integrated pathways across Staffordshire with **Multi Agency Partnership meetings** including paediatrics, autism, CAMHS, social care, and third sector providers
- Emotional health and wellbeing **partnership working** in South Staffordshire including school nursing and CAMHS
- A pathway to support looked after children and the **integration of court proceeding requirements** is in the development phase
- Staffordshire implemented a mental health assessment pilot and identified 29 eligible looked after children
- North Staffordshire CAMHS **learning disabilities** team moved to an all-age service
- 120 education establishments attended the Mental Health Services and Schools Link Programme
- Mental health awareness and suicide prevention training launched
- Providers improving the experience of **transition from child to adult mental health services**, transition policy approved in NSCHT
- Positive and robust outcome measures have been achieved for children accessing MHSTs
- **Improved access waiting and treatment standards** for children and young people in North Staffordshire and Stoke-on-Trent, as part of a National pilot and NSCHT have presented on national platforms the **improvements achieved in access and waiting times standards**
- **CYP-IAPT training** for NHS and third sector staff and schools
- ICS engagement in **New Models of Care Board**, and lead providers established for each area
- **Kind Minds school newsletter** distributed to schools half-termly (contributed to by the whole CAMHS system, and co-ordinated and distributed by the local authority)
- **Termly Schools Mental Health Leads meetings**, including provider organisations and Staffordshire County Council
- **Mental health support pathway** for where to go to for support and how to access it (see Appendix 1).

The vision is that every child or young person with an emotional wellbeing or mental health difficulty who is seeking help, or an adult with a concern about a child or young person, will receive the help they need, with there being no wrong door. To reduce stigma with services built around need – including for vulnerable children.

The plan clearly presents the intention over the next few years, to transform CAMHS services and improve mental health outcomes for all children and young people in Staffordshire and Stoke-on-Trent.

Overview

The **Staffordshire and Stoke-on-Trent Local Transformation Plan (LTP) for Children and Young People's Mental Health** was approved in October 2015. The additional funding released has enabled a major programme of investment to improve the local offer and mental health outcomes for children and young people. This refresh provides an update on progress and challenges associated with the delivery of Child and Adolescent Mental Health Service (CAMHS) transformation by 2023/24.

Key areas with a particular focus include:

- Urgent and emergency care
- Place-based plans
- Capacity and demand data
- Workforce
- Integrated Care System (ICS) system support
- Transitions
- Health and justice.

This Local Transformation Plan covers the whole of Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) which replaced the six NHS Clinical Commissioning Groups (CCGs) on 1 July 2022. There are common priorities, but as different localities are starting from different baselines, there are some differences in investments and progress made. Our aim will be to ensure that services are responsive to local need and that there is equitable provision across the whole area.

This LTP is based on the **Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23**. The local approach to children and young people's emotional wellbeing and mental health outlined in this strategy has been designed, considered and consulted on with all stakeholders. This includes children and young people, their parents and carers, more than 400 professionals across the whole workforce, commissioners and senior officers in Staffordshire County Council, Stoke-on-Trent City Council and the ICB, plus the wider children's partnership including more than 60 providers, NHS England and specialised commissioning.

The strategy and plan take account of the findings and recommendations in the Children's Joint Strategic Needs Assessment (April 2017) and the more recent Children and Young People's Emotional Wellbeing Joint Strategic Needs Analysis (May 2018). We recognise the need to take full account of what local communities are telling us their priorities are and we are working collaboratively with stakeholders and partners to achieve this.

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The impact of COVID-19

Children and young people mental health impact

Development and implementation of digitally enabled service models

Following the initial response to COVID-19, services have been restored to more normal ways of operating, while maintaining elements of service delivery that proved helpful. This includes maintaining virtual consultations where this meets the needs of the young people and families, however, there has been a shift back to face-to-face consultations in line with the needs of young people and families. The COVID pandemic has had a profound impact on children and young people and has resulted in increased demand on mental health services, with notable increases in referrals to Core CAMHS, Children's Eating Disorders and into neurodevelopmental services. The underlying causes are complex, but increased recognition of mental health issues, social isolation and disruptions to home and school routines during the pandemic likely played a role (The Health Foundation, 2022).

Evidence suggests that a number of young people who have needs do not always attempt to access support. Among young people who believe they have needed mental health support during the pandemic:

- 54% said that they have received some form of support (for example through NHS mental health services, school or university counsellors, helplines or charities)
- 24% said that they have looked for support but not accessed any
- 22% said that they had not looked for support (Young Minds, 2021).

With the evidence we currently have available, The Centre for Mental Health forecast that the increase in demand for services in England resulting from COVID-19 will be for 1.5 million children, which is 15% of the number of children aged 5-19 (Centre for Mental Health, 2020).

Commissioning approach

Across Staffordshire and Stoke-on-Trent ICS, there are strong collaborative commissioning arrangements in place between the ICB and local authorities. These support the commissioning of services for children and young people in relation to meeting their mental health and wellbeing needs.

There are wider links across statutory agencies to the commissioning of services in relation to special educational needs and disabilities (SEND), public health, early help, early years and family support, education, domestic abuse, and youth offending. This is across many different partner and provider organisations. Where practical, we have adopted collaborative commissioning to reduce duplication, make best use of resources and to aid market development.

Figure 1: Map of partners

The following organisations are part of Staffordshire and Stoke-on-Trent ICS:



Transparency, leadership and governance

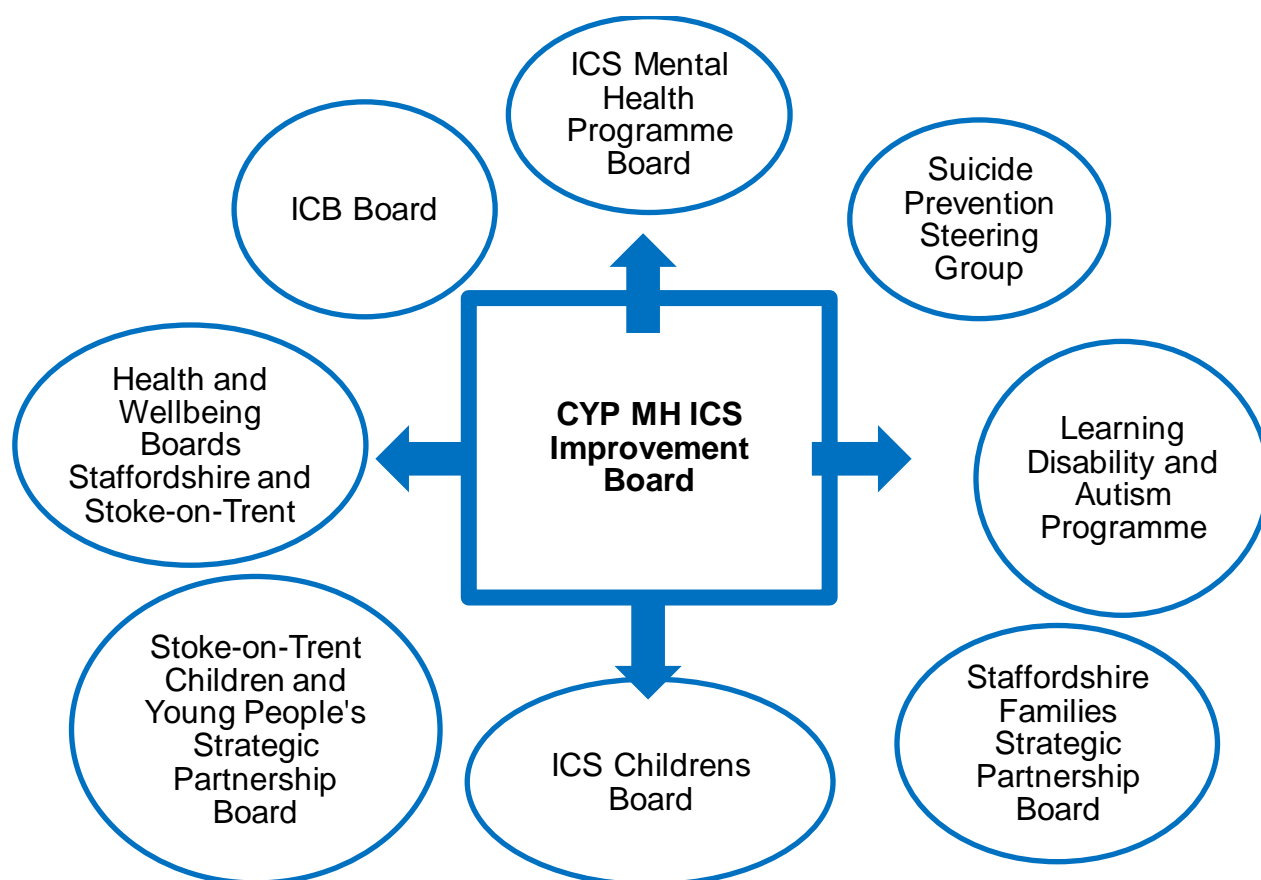
There are extensive collaborative arrangements between the ICB and the two local authorities. ICS oversight and scrutiny of the Local Transformation Plan is provided through the mental health workstream and there is a clear set of deliverables and objectives. The ICS CYP Mental Health Improvement Board undertook a self-analysis against NHSE/I's Key Lines of Enquiry (KLOEs) for systems maturity and from this developed a work programme across several workstreams.

There are strong links with the Learning Disability and Autism Board and SEND Board. Matrix leadership is working across a number of cross-cutting priority areas such as Suicide Prevention and Perinatal Mental Health Steering Groups.

Governance and accountability are via the respective Children and Young People's Strategic Partnerships, which in turn feed into the Health and Wellbeing Boards and the ICS.

The governance structure has been agreed to support delivery of the LTP. This structure is now operational – with all groups meeting regularly and well attended. User participation is via the Youth Councils established under the CYP Improving Access to Psychological Therapies (IAPT) programme.

Figure 2: Governance structure



User participation and co-production

We have engaged with children and young people through a range of methods including online surveys and workshops. We have undertaken local research to find out what people see as the main issues and priorities with their emotional wellbeing and their views on the current provision.

The key issues raised are represented in Figure 3 below.

Figure 3: Key issues raised during participation



Make your Mark 2022

The recent national Make your Mark consultation elicited 1,541 votes cast by Staffordshire young people, an encouraging increase of 256% on the previous year's turnout. View the full [Make your Mark results report](#).

The top three Staffordshire issues voted for by young people were:

- health and wellbeing
- environment
- jobs, home, money and opportunities.

The Voice Project is finalising The Make your Mark 2022 report action plan to ensure that progress is being made in response to the issues our young people have told us they experience.

In 2021/22 the ICS participated in both the Anna Freud Mental Health in Schools Link Programme (for both Staffordshire and Stoke-on-Trent) and 'Thrive' workshops led by Tavistock and Portman NHS Foundation Trust. The material generated from these programmes updated our understanding of local challenges, allowed for gathering ideas and best practice from schools and mental health practitioners across Staffordshire and Stoke-on-Trent on how these could be addressed. The outcomes and recommendations from these groups have been fed into the ICS board workstreams.

We are further developing participation mechanisms across the area, which are run by young people with direct experience of accessing mental health services.

This has included:

- delivery of information and support programmes to schools
- Wellness and Health Action Map (WHAM) Project
- providing comments on service developments based on their own experience
- offering peer support to other young people in the Getting Risk Support quadrant of THRIVE – formerly Tier 4 (see Appendix 2 for description of THRIVE Framework)
- developing a social media programme and the recruitment and selection of staff in NHS provision.

A new participation service specification for South Staffordshire is in the process of being signed off and will be all-encompassing. It offers an exciting opportunity to improve co-production and to ensure our young people's voice will be heard in all services.

The current aspiration is that over the next 12 months, participation roles will connect and build relationships with all providers, which includes third sector and voluntary organisations. In time the forums will offer a good opportunity to ensure young people can share their thoughts about service delivery and influence and shape how services are delivered in the future.

The revised participation service will include parent/carer forums. It is recognised that parents and carers have had limited opportunities to share their ideas in a forum that is fed back into the system. This revised service specification will provide the opportunity to highlight the voice of parents and carers. As with young people's participation we believe that harnessing the experience of families will improve system-wide working and outcomes for young people.

Active and meaningful participation from young people and families will shape all decisions that involve access, reduce health inequalities, give opportunities for work experience and to interview and train staff in services, ensure the best outcomes for all young people receiving a service. Participation will help ensure we 'do with, not to' young people.

Above all, this work is changing the culture in services and fostering a partnership approach to both developing services and providing individual therapies.

Specific examples of participation with young people

- Developed (with CAMHS) a trainee workshop which was delivered to Staffordshire University students on the clinical psychology doctorate course
- Developed and displayed participation boards in all the clinics promoting awareness about the forums and opportunities in participation. Posters in clinics encourage young people to ask their clinician about participation and the opportunities to get involved
- Co-produced the North Staffordshire Combined Healthcare NHS Trust's wellbeing website and app
- Promoted mental health on World Mental Health Day with involvement in events such as Takeover Day. Currently planning the fourth year of these events, showcasing a range of mental health roles to encourage and promote young people's interest in mental health as a possible profession
- Continue to involve CYP so they can contribute to interviews of staff in children's services

- Appointed support workers with lived experience into CAMHS teams
- Held participation workshops in South Staffordshire to scope out what support young people require and how they would prefer to access the support on offer. Young people are involved in the co-production of services, this includes the development of the Children's and Families Strategy, Mental Health Support Teams, CAMHS self-referral and with the expansion of the Intensive Outreach Service
- Increasingly contributed to the delivery of the strategy, recruitment and service review. The focus will be on enhancing the voice of children and young people experiencing emotional wellbeing and mental health issues and promoting positive mental health
- A group of younger people co-produced the CYP element of the community campaign and awareness raising plans around suicide prevention, and they will continue to inform and support delivery with facilitation from Younger Minds. This element of community awareness raising and programme of campaign activity will have a focus on children and young people and be informed and delivered by younger experts by experience. For example, Hopezine in particular, is designed to be appealing to a younger audience as well as carrying contributions from younger survivors
- Staffordshire's Youth Council formulated one of the invitation-to-tender questions that was part of the emotional health and wellbeing service procurement process. This same group of young people assisted in the tender evaluation responses in line with procurement regulations and made an extremely valid contribution to the process
- Ongoing project to involve children and young people in South Staffordshire to develop and create a CYP-friendly website which has a clear and consistent approach. The website will contain information on services as well as online resources, YouTube videos and links to support, advice and self-help information, including urgent and crisis information
- Redesigned the CAMHS logo for South Staffordshire CAMHS
- Providers and commissioners have started working towards projects that will assist with system transformation ICS participation. This will ensure that children and their families have a voice and can assist with shaping the services that they use.

Understanding local need

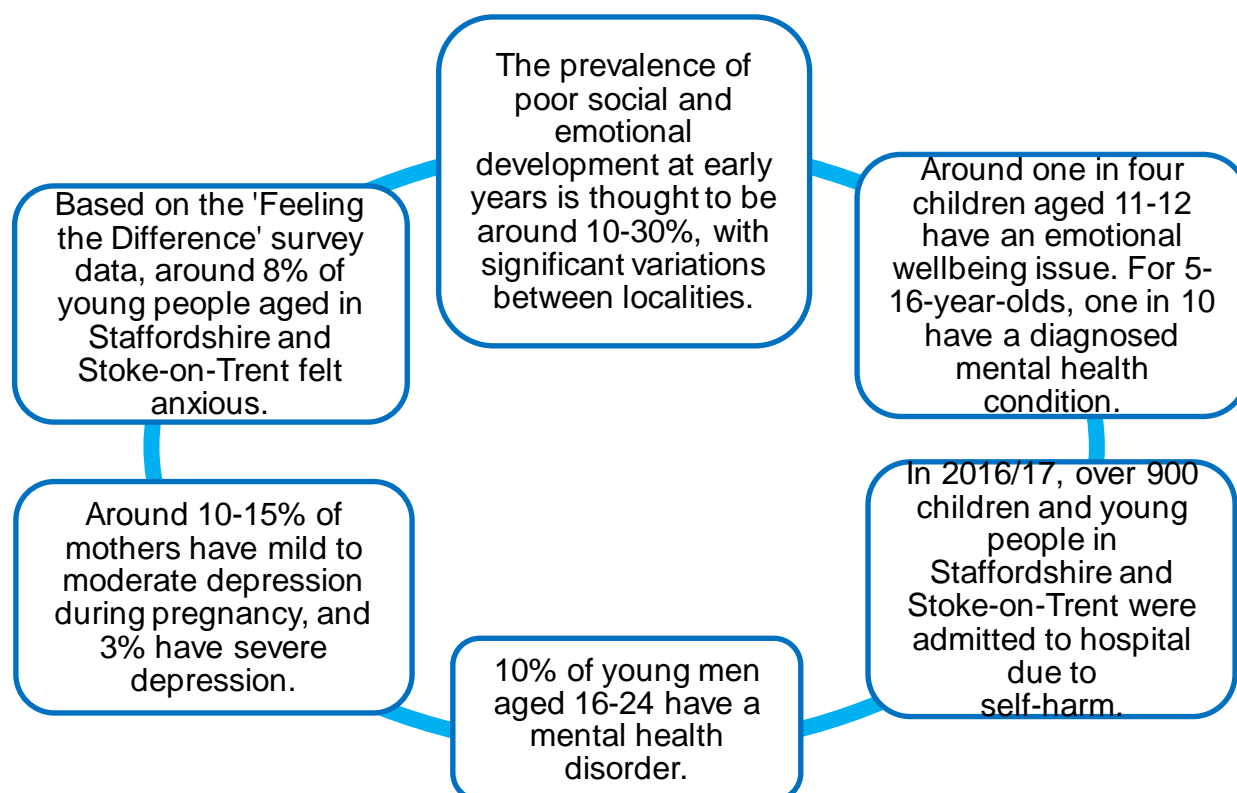
The **Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23** is underpinned by robust needs assessments. Joint Strategic Needs Assessments (JSNAs) use population-based epidemiological information and data from youth justice, health, education, and social care.

A significant piece of work was undertaken to develop a [Children and young people's JSNA for Staffordshire and Stoke-on-Trent \(April 2017\)](#) and a further deep dive into universal services provision to establish improved evaluation of need.

The [Emotional wellbeing needs of children and young people in Staffordshire JSNA \(July 2018\)](#) identifies the following key factors that can help keep children and young people mentally well, including:

- being in good physical health, eating a balanced diet and getting regular exercise
- having time and the freedom to play – indoors and outdoors
- being part of a family that gets along well most of the time
- going to a school or education setting that looks after the wellbeing of all its pupils
- taking part in local activities for young people.

Figure 4: Needs analysis headlines



Rates of probable mental disorder increased between 2017 and 2021:

- In children aged 6-16 from one in nine (11.6%) to one in six (17.4%)
- In young people aged 17-19 from one in 10 (10.1%) to one in six (17.4%).

Rates in both age groups remained similar between 2020 and 2021 (NHS Digital, 2021).

Current figures are especially concerning for adolescent girls aged 17-19. One in four had a probable mental health condition in 2021 (The Health Foundation, 2022).

One of our priority sub-groups of the ICS CYP Mental Health Board is to undertake an updated local needs analysis and bring together demand and activity data from across our range of local providers. This will help inform commissioning for future years.

There is common membership across SEND, Learning Disability and Autism Boards and Youth Offending Boards of key leads to ensure a co-ordinated approach to addressing inequalities and the strategic transformation agenda.

Local Transformation Plan ambition

This vision across the children and young people's partnership outlines that many children and young people will require preventative, targeted and specialist emotional wellbeing and mental health provision at some point in their life. This access will be provided in a timely, responsive, and qualitative way – avoiding unnecessary admissions to hospital. More children and young people will be able to access provision – with an emphasis on supporting children earlier with stronger links to education, children's services, and improved pathways across the system.

The approach is that no child or young person with an emotional wellbeing or mental health difficulty who is seeking help – or an adult with a concern about a child or young person – will be turned away. Addressing equality and reducing health inequalities is a significant challenge and a priority for the Local Transformation Plan, which aims to reduce inequalities across all settings – in schools and in communities and across the life-course – and to provide appropriate responses to seldom-heard groups.

More specifically, the plan is addressing the needs of some particularly disadvantaged and hard-to-reach groups. These include ensuring that children subject to sexual abuse and exploitation and neglect can access therapeutic services and addressing the needs of children who might have experienced trauma in their early years.

For Staffordshire County Council, the focus for the coming year will be around current experiences reported by safeguarding leads which suggest that children and young people who are victims of child exploitation (CE) are routinely not able to access CAMHS services to address trauma related needs along with wider mental health issues. There are various potential areas for development currently; the opportunity for child exploitation training for CAMHS, Action for Children Service and school nurse staff in the 0-19 wellbeing service, are being secured to ensure that professionals have increased knowledge and awareness of this issue.

The approach of the Local Transformation Plan is looking to secure 0-25 service offers, working across children and young people and adult services to transform the system. This is not simply about stretching the children and young people into adults and vice versa but requires a different set of delivery. We have made steps towards this which will be described in the plan, in terms of IAPT, perinatal mental health, liaison and diversion, and suicide prevention.

We seek to collaborate and ensure we have ICS delivery for children and young people. These arrangements are part of our drive to grow our community services to prevent crisis, admission avoidance, and promote early and safe discharge into communities. We recognise that all our partners need to work together to deliver our ambition.

The Local Transformation Plan will support parents and carers to raise resilient children and young people, taking a life-course approach to reducing the mortality gap in adults between those who experience mental health issues and those who do not.

Key areas of our ambition are detailed in the following sub-sections.

Young adults

Where possible, we have commissioned services for children and young people up to the age of 18, and adult mental health (AMH) from the age of 16, such as Crisis Resolution and Home Treatment and improving access to psychological therapies (IAPT) services to ensure accessibility and choice. There are a number of transition points across adult mental health, such as eating disorders, where there are clear pathways.

We secured funding during 2019/20 through the Staffordshire and Stoke-on-Trent Maternity Transformation Programme (MTP) to work with mothers under the age of 18 in our perinatal mental health services. With the experience of the mother at its core, the aim is to reduce the variability in the scope and provision currently offered to mothers under the age of 18 and their babies. We will do this by offering timely and consistent person-centred care to improve better health and wellbeing, during which time access to the service will be made available and through the development of a nurture and attachment group.

Pathways and service provision for young adults with severe mental illness (SMI) are a focus of a newly formed Health Inequalities Co.Lab across Staffordshire and Stoke-on-Trent, part of the local Mental Health Community Transformation. This aims to build on the learnings from engagement strategies adopted by At Risk Mental State and Early Intervention in Psychosis as well as looking at population health management and reviewing literature.

Building sound mechanisms by which to strengthen our support and approach to providing services for 18-25s who present with emerging SMI and related needs is crucial and this work will help to inform future service provision for four cohorts in the 18-25 age group:

1. Young people who transition from children and young people's mental health services (CYPMHS) and are accepted by adult mental health services
2. Those who do not meet the current requirements for adult community mental health services but have an ongoing need
3. People presenting for the first time
4. Vulnerable groups at higher risk of developing mental health disorders.

In South Staffordshire, a new service provision will look to build on best practice service models in other areas and be co-produced with young adults with lived experience. In addition, to progress this work at pace there is a task and finish group in place, made up of a range of professionals with a broad level of expertise (including a CAMHS Service Manager, Early Intervention Lead, Youth Participation Leads, ARRS Practitioner with a specific focus on the 18-25 agenda, Involvement and Co-production Officer/s). This group will link in with the ICS CYP Mental Health Improvement Board to ensure collaboration.

The development and introduction of 'Preparing for Adulthood Lead' roles, to work across the Primary Care Networks in Northern Staffordshire, will aim to support young adults transitioning between services to ensure the best outcomes for the individual, while acting as a key point of contact for GPs, local authority and education and ensuring stakeholders are involved in change or development of existing processes. The new role will have responsibility for driving a move towards a needs and developmentally appropriate transition for individuals rather than a transition based solely on age for individuals who might transfer from CAMHS services into adult mental health services (AMHS).

A transitional role will be developed to work with the CYP Eating Disorder service to allow graduation to adult services in a seamless and meaningful way. We will deliver FREED (for 18-25s) as well as providing community-based treatment packages.

Health and justice

The ICB commissions health services to deliver health assessments and appropriate interventions to all young people up to the age of 18 who have been charged with a criminal offence and present before the court.

All young people who have a statutory order are offered a health assessment and unmet health needs are identified. The young person will be offered low-level intervention regarding their emotional and mental health delivered by embedded Midlands Partnership NHS Foundation Trust (MPFT) mental health practitioners.

North Staffordshire Combined Healthcare NHS Trust (NSCHT) has CAMHS practitioners inputting into the North Hub, providing statutory work, and a range of interventions including prevent-based support. If they present with needs that require CAMHS intervention, the young person will be referred and supported while accessing the support.

They are supported with physical health interventions, such as registering with a GP, dentist, or immunisation team. They are given public health advice about smoking, diet, and healthier lives. They have access to a speech and language therapist who will support them with any communication difficulties.

Health and justice pathways are in place, and there are links between the youth offending teams and local mental health provision, with mental health workers embedded into the youth justice teams to support early identification and support and clear pathways into specialist provision as required. There has been a reduction in young people requiring specialist provision due to the success of an embedded mental health team that supports whole system approaches in the Youth Offending Service (YOS).

An additional programme has been completed, aimed at identifying support and developing training around the needs of young people presenting with a harmful sexual behaviour (HSB), speech and language and communication needs. Following this, additional speech and language therapy input is now provided into the YOS.

All-age liaison and diversion team

NHS England have commissioned this service to deliver a national all-age service specification, co-designed by those with lived experience. The national operating model focuses on any vulnerability including mental ill-health, drug and alcohol misuse, learning disability, etc.

The youth liaison and diversion team cover children up to the age of 18 in Staffordshire and Stoke-on-Trent. This is integral to the Youth Offending Service 'triage' scheme which identifies young children who are at the very early stages of offending behaviour. It works with children who are known to the police that either have committed a crime or are suspected of committing one.

By offering a health assessment and appropriate intervention or signposting, the triage model offers support for young children at an early stage to prevent any health needs going undetected and/or deteriorating. It engages with the young child and identifies any unmet health needs and will provide short-term intervention and refer on to universal services. Research shows that children who engage in offending behaviours have unmet health needs. This service has proven that by engaging with these children and supporting them in their health needs, they can be prevented from going on to further offend.

When a child has been taken to a custody suite and it becomes apparent that a mental health assessment will be required, the liaison and diversion team based at the custody suite will screen all referrals and the YOS will then assess the young person.

Youth First is a forensic service delivered in the community, offering mental health intervention to young people who are highly complex, with needs across multiple domains. This service is delivered through Birmingham and Solihull Mental Health NHS Foundation Trust and was commissioned by Forensic NHS England in early 2017 to deliver a specialised service across the West Midlands, a national driver through Future in Mind. The criteria is very specific and is aimed at young people involved in extremely high-risk activity, often dangerous to themselves or others, causing great concern across multi-agency arrangements.

Secure estate

The number of children and young people in the secure estate is extremely small, with mental health teams and Youth Offending Service case workers supporting transitions and continuity of care between the local community and secure provision. The only secure estate in this area is HMPYOI Werrington. Welfare provision is overseen by senior managers in social care. Regional commissioning arrangements are in place for forensic assessment requests. Patients are managed along a seamless pathway with links established with community services in support of continuity of care and re-integration.

All Children and Young People must undergo an initial Health Screen on receipt into the prison by an appropriately qualified and trained (minimum Band 5) member of staff, to identify any immediate health needs or risk; particularly in relation to issues such as suicide or self-harm and mental health.

There is a comprehensive healthcare service commissioned at HMYOI Werrington and this includes a mental health team. All eligible patients are assessed using suitable screening tools. All patients assessed as requiring mental health interventions are offered access to mental health services which are comparable in quality and structure to those delivered in the community, in the constraints of the secure setting. In addition, patients are engaged in a broad range of psychological therapies and therapeutic activities appropriate to their level of need. Access to services is reflective and supportive of the demographic makeup of the patient population (for example ethnicity, disability, religion and sexual orientation).

Crisis care and police custody

A clear pathway is in place to ensure we are compliant with the Section 136 requirements and The Police and Crime Act for under-18s. The Staffordshire and Stoke-on-Trent Inter-Agency Section 136 Policy clearly defines and identifies health-based places of safety across the ICS.

Where young people under the age of 18 require a place of safety, there is a dedicated assessment room at the new unit based at St George's Hospital in Stafford. There is a dedicated young person's suite in the crisis centre at NSCHT. There is a specific S136 procedure and protocol for under-18s and there are safeguards in place to ensure that this assessment facility is separate from the adult area and a separate entrance is available. Advice is available for the staff of the unit from the CAMHS Community team and the CAMHS out-of-hours provision. In North Staffordshire, staff in the Crisis Care Concordat are competent to deliver assessment and interventions to children and young people.

Sexual Assault Referral Centre (SARC)

A county-wide service launched in October 2020 in Staffordshire and Stoke-on-Trent. SARC helps victims of sexual assault and abuse, and their family members and partners to recover from the impact of the crime and cope with the harm they have experienced.

Survive, the sexual assault and sexual abuse service, provides free, tailored, confidential and effective support for victims – from reporting the crime or recognising they need support, to exiting the service.

The West Midlands Children and Young Person's service (CYPS) is provided by Mountain Healthcare Ltd, for anyone aged 17 and under who has experienced sexual violence and/or sexual abuse, either recently or in the past. They offer a regional service which provides care, including free support and practical help, to children, young people and their families or carers, living in the Staffordshire, West Midlands, West Mercia and Warwickshire police force areas.

Improving Access to Psychological Therapies

North and South Staffordshire were early participants in the children and young people's Improving Access to Psychological Therapies (CYP IAPT), aligned with local collaboratives. Having trained therapists over the past seven years in high intensity (HI) therapies, the aim of the CYP-IAPT initiative is to move from transformation to 'business as usual'.

In theory, children's mental health services should now have an increased number of highly trained staff to deliver evidence-based therapies across the county such as dialectical behaviour therapy (DBT), cognitive behaviour therapy (CBT), non-violent resistance (NVR), cognitive analytic therapy (CAT), eye movement desensitisation and reprocessing (EMDR) and interpersonal psychotherapy for depressed adolescents (IPT-A). The focus then moved to early intervention via newly developed roles of children and young people wellbeing practitioners (CYPWP) based on the adult model.

A few years later, the Education Mental Health Practitioner (EMHP) roles began in the Mental Health Support Teams (MHSTs). Both roles work with CYP-MH services and schools respectively to identify young people who are at risk of developing, or have already developed, mild to moderate symptoms of anxiety and depression.

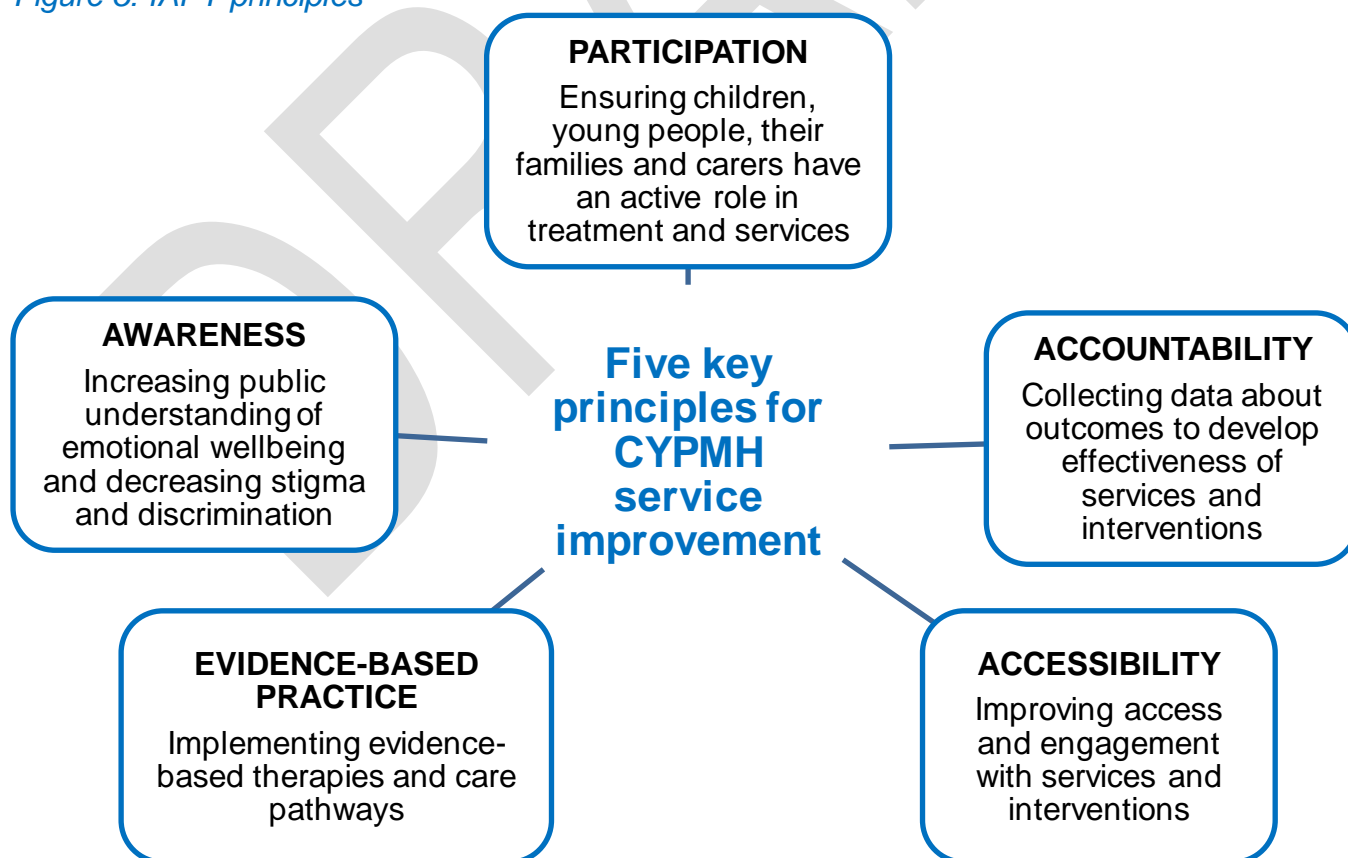
We have trained high intensity and low intensity supervisors. A consistent challenge for services is to retain CBT-trained staff, or ensure they have the skills required for working in specialist CAMHS. Unique to the CBT training, trainees can apply for the training role without professional registration or significant experience of working in CYP-MH. However, post-qualification, these staff, even though qualified are often not skilled in working with the

high-end complexity and risk that is commonly treated in specialist CAMHS. Furthermore, adult IAPT services are often able to offer a higher banding to qualified trainees and many move on for this higher salaried position. A further risk to the workforce expansion is that psychology graduates have utilised the training opportunities as a stepping stone to doctorate degree and this has further exacerbated the problem of retaining qualified staff.

There is now an increased expectation that services will provide a minimum two-year or permanent contract for high and low intensity trainees. This is being considered to ensure staff have the requisite training, skills, and experience required to be retained in specialist CYP-MH. The lack of accredited supervisors in the country impacts on in-house supervision – which is preferable. This is an ongoing concern, and eligible staff are regularly encouraged to complete supervisor training. This ensures a better experience for trainees which we hope will encourage them to stay in CYP-MH.

During the next 12 months, we hope to secure places on the senior wellbeing practitioner course to provide career progression for low intensity. We will be hosting further recruit to train (HI) therapists, supervisors (HI&LI) and adding additional CYPWP opportunities. We will be mobilising an additional MHST in September 2022 and anticipating a further team in 2023. Both teams will need EMHP training posts. Developing a CBT pathway is under consideration as well as ensuring Systemic Family Practitioners (SFP) are offered developmental posts to further their career progression and qualification to be a family therapist. Attention has been given to try and recruit people from diverse backgrounds. Success has been limited to date owing to some of the challenges outlined above.

Figure 5: IAPT principles



North Staffordshire Combined Healthcare NHS Trust has developed a CYP-IAPT action plan that forms the basis for local transformation incorporating the five principles (see figure 5 above).

Funding for training will be sustained through ICB support, provider funds and the CYP-IAPT collaboratives. In addition, the adult IAPT services across Staffordshire and Stoke-on-Trent provide access to children and young people aged 16-25. The recommissioned ICB adult IAPT service has identified young people as a cohort for increased access.

CYP-IAPT training programmes

As part of delivering the NHS Long Term Plan and in line with the Evidence Based Practice pillar of CYP-IAPT, Health Education England (HEE) outlined a required 60% growth in practitioner psychologists, psychotherapists and psychological professionals by 2023/24. For children and young people's services this means an additional 1,360 WTE practitioner psychologists and 2,550 psychotherapists and psychological professionals across NHS services in England.

To increase practitioner psychologists, HEE have increased NHS-funded training places by 25%. To increase other psychosocial professionals, HEE continue to use CYP-IAPT as a primary delivery tool for providing workforce growth.

The following professions are trained through CYP-IAPT:

- CBT therapists
- Systemic family practitioners (representing the first two years of a four-year training programme to qualify as a family therapist)
- Parenting practitioners
- Children and young people wellbeing practitioners (CYWPs)
- Education mental health practitioners (EMHPs).

To increase workforce numbers, HEE have moved to a Recruit to Train model in line with the Five Year Forward View and NHS Long Term Plan. This is delivered through the CYP-IAPT Collaborative Networks where HEE provide salary support for 12 months and pay for all training costs on the understanding that permanent additional posts are provided in ICS-funded NHS services.

The Post Graduate Certificate in Psychological Interventions for CYP with Autism and/or Learning Disability was added to the 2022 CYP-IAPT curriculum. We currently have Recruit to Train posts actively engaged in this course across the region with the aim of expanding reach of psychological therapies to children with autism and a learning disability.

Workforce in the psychological professions

The Psychological Professions Workforce Plan for England (HEE, December 2021) outlines the individual roles and workforce growth required to improve access to psychological therapies for children and young people.

Table 1 outlines the projected local growth in each professional group up to the 2023/24 target set by the NHS Long Term Plan. It compares our local growth to the recommended growth in the NHS Long Term Plan. Currently our local plan expansion has 78% fewer psychotherapists and other psychological professionals and 22% fewer practitioner

psychologists than the recommended national projections for our region.

This will present us with major challenges in increasing access to psychological therapies for children and young people in Staffordshire and Stoke-on-Trent and will present significant risks to retaining nurses, occupational therapists (OTs) and social workers who access Recruit to Train posts through CYP-IAPT training and have career ambitions to practice as a CBT Therapist or Family Therapist.

Table 1: Staffordshire and Stoke-on-Trent Local Transformation Plan five-year workforce projections measured against NHS Long Term Plan ambition by professional group

Professional Group	5YFV Year 4, LTP Year 1	5YFV Year 5, LTP Year 2	LTP Year 3	LTP Year 4	LTP Year 5	2024 Local workforce %	National LTP Year 5 expected	National workforce %	Difference WTE
Psychiatrist - Consultant	0	0.3	1.29	2.57	3.86	5%	1.78	2%	2.08
Psychiatrist - non consultant	0		0.11	0.21	0.32	0%	0.19	0%	0.13
Nursing	0	0.93	8.36	16.75	25.15	33%	19.82	26%	5.33
Psychologists	0	0.75	3.37	6.74	10.13	13%	12.78	17%	-2.65
Psychotherapists and Psych Professions	0	0.45	1.76	3.54	5.31	7%	23.95	32%	-18.64
OTs	0		0.43	0.85	1.28	2%	0.56	1%	0.72
Support to clinical staff / other therapists	0	0.56	5.19	10.39	15.6	21%	7.33	10%	8.27
Social Workers	0	0.19	1.16	2.32	3.49	5%	1.60	2%	1.89
Admin	0	0.56	3.49	6.98	10.48	14%	7.61	10%	2.87
Totals	0	3.74	25.16	50.35	75.62		75.62		0.00

A recent service evaluation of CYP IAPT investment from HEE between 2014 to 2021 in NSCHT showed that 20 clinicians were trained in High Intensity Evidence Based Psychological therapies (EBPs). These were primarily CBT (n=15) with a small number of trainees accessing SFP (n=3) and IPT-A (n=2).

An analysis of staff retention post-training was carried out and the following figures were found:

- Nine (45%) clinicians were retained in community CAMHS teams (45%)
- 11 trained clinicians left community CAMHS teams before or after qualification (55%):
 - One retired after three years of qualifying
 - 10 left community CAMHS for other jobs (82%)
- Of the 10 clinicians who left Community CAMHS, six (60%) trained on a HEE-funded Band 6 contract and secured a Band 7 post outside of Community CAMHS
- Of the six who secured Band 7 promotions outside of Community CAMHS, five offered the region fewer than 12 months' qualified practice (80%).

Given the low projected increase in new posts for Psychotherapists in our local transformation plan, this pattern is at high risk of replication without adequate strategic planning. The North West CYP-IAPT Collaborative have offered four Recruit to Train posts for 2023 but these places have been declined due to insufficient budget growth in CAMHS teams preventing us from being able to guarantee a job at the end of training.

A pilot CYP-IAPT workforce project in Stoke-on-Trent used existing budget to create preceptorships for Recruit to Train CYP-IAPT high intensity CBT trainees. Band 7 progression was dependent on gaining accreditation with the British Association for

Behavioural and Cognitive Psychotherapies (BABCP) and demonstrating a commitment to train as a CBT Supervisor after two years of clinical practice as a CBT Therapist. Retention in CYP services stands at 100% for this group after three years (n=3). The risk of expanding this approach (as with all uses of existing budgets) is that the cost of uplift results in reduced funding for other important CAMHS workforce posts.

With adequate funding and planning, this is a model that could be replicated across the psychological professions to retain staff and more importantly improve access to psychological therapies in children and young people's mental health services.

Other training

All staff have appraisals, and their professional developmental needs are recorded and supported through training where appropriate. Staff and NHS CAMHS multidisciplinary teams continue to deliver evidence-based treatments such as family therapy, DBT, CBT, NVR, compassion focused therapy (CFT), CAT, EMDR, IPT-A, theraplay, dyadic dynamic psychotherapy, new forest parenting group for ADHD, Triple P online and other evidence based psychological therapies.

All NHS providers across the ICS have waiting lists for evidence-based psychological therapies that are not captured through current referral to treatment reporting standards. Additional workforce and training will be required to deliver these evidence-based therapies in a timely way to children and young people. This fits with the aims of iTHRIVE and is backed up by the evidence that consistently shows that early access to evidence-based approaches is more beneficial to young people and more cost effective in the long run.

Eating disorders

There is a clearly defined and commissioned service for eating disorders in children and young people (CYP-ED) across Staffordshire and Stoke-on-Trent. This is delivered by North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Midlands Partnership NHS Foundation Trust (MPFT). The community service is commissioned for service users aged 8-18, (4-18 for Avoidant Restrictive Food Intake Disorder (ARFID)), and accepts referrals from GPs, generic CAMHS, paediatric services, other healthcare settings and schools, colleges, other non-healthcare workers, self-referrals and family referrals.

The community services work closely with the CAMHS specialised inpatient unit (formerly Tier 4) in North Staffordshire (The Darwin Centre), which provides many of the inpatient admissions for children and young people locally. This unit is provided by NSCHT. The community service supports training and development around eating disorders, as well as supporting early facilitated discharge where clinically indicated to reduce the length of stay for young people admitted to specialised inpatient services.

The service has clearly defined contractual quality outcomes, which include:

- Referrals into the service are screened (triaged) in one working day to assess urgency and phone contact might be made with the child or young person or their parent or carer to clarify risk
- 90% of children and young people referred for assessment or treatment of an eating disorder will access NICE (National Institute for Health and Care Excellence) concordant treatment. Cases triaged as urgent are seen in one week, and cases triaged as routine are seen in four weeks

- Children and young people deemed to be of high risk (and requiring urgent medical assessment) will be seen in 24 hours
- Urgent cases will receive a full clinical assessment (including risk assessment) in five working days of referral
- Routine cases will receive a full clinical assessment (including risk assessment) in 10 working days of referral
- There is an ambition to develop an ageless service in Stoke-on-Trent and North Staffordshire.

The service is commissioned and complies with NICE Clinical Guidance (NG9), Eating Disorders – Recognition and Treatment (2017). The services have attended GP protected learning time (PLT) sessions and works in collaboration with the acute hospital via an Service Level Agreement (SLA) which includes support from a consultant paediatrician and dietician ensuring the delivery of a multidisciplinary holistic approach. There is an intensive support pathway for those admitted to the acute paediatric wards, providing interventions with parents and young people to improve engagement and reduce the need for Tier 4 admissions thus keeping young people in their own community and close to their support network.

The service in the south of the county received additional investment in 2021/22 and has enhanced the specialist offer with one of our specialist OTs in the service starting Sensory Integration training. Alongside recruitment, our other focus for the last 12 months has been Avoidant Restrictive Food Intake Disorder (ARFID). There are four clinical cases which have been supported by our Consultant Clinical Psychologist and our team have attended train the trainer masterclasses, Maudsley ARFID Masterclass as well as starting collaborative joined up working with our colleagues in wider children's services, including dietetics and community paediatrics.

The last 12 months has seen a huge increase in both the number and acuity of referrals, a high number of children have needed acute or Tier 4 admission and, despite some areas of recruitment being successful, we have struggled with other areas, such as the CEDS (Community Eating Disorder Service) Consultant Psychiatry post.

There are several ambitions in the south of the county for the next 12 months, including:

- Development and enhancement of physical health pathway:
 - Review of current pathway
 - Discussions about additional role in the service to support physical health checks
- Avoidant Restrictive Food Intake Disorder (ARFID):
 - Develop a working group to understand the local scoping surveys and projects and need for continued local training and awareness
 - Develop the library of resources available for practitioners and ensure parents are appropriately signposted
 - Agree referral criteria, assessment screening tools and develop appropriate pre-assessment tools
- Single point of access (SPA):
 - Development of pathways with the Children and Families SPA to ensure smooth and timely access to the appropriate service for CYP presenting with issues with eating

- Outcome measures:
 - Review of newly agreed international ED outcome measures and how to include this in the service
- Becoming accredited with the Royal College of Psychiatrist, Quality Network for Community CAMHS ED (QNCC-ED):
 - New standards due to be released
 - Review of service against quality network standards
 - Engage with quality network to obtain information regarding joining, including financial implications.

The NSCHT team is trained in family therapy for eating disorders such as anorexia (FT-AN) and hold monthly transition meetings with adult teams. The team is newly commissioned to deliver an ARFID pathway and have received training to do this. They are now successfully delivering treatment.

Urgent and emergency care

There is a Staffordshire and Stoke-on-Trent all-age Crisis Care Concordat and action plan. The ICS priority programmes around crisis care and children and young people have shared deliverables. Out-of-hours provision for children and young people is supported by CAMHS and adult mental health services practitioners in-line with the Crisis Care Concordat.

24/7 Mental Health Crisis line

In North Staffordshire and Stoke-on-Trent, NSCHT operate a full front door service model with 24/7 rapid assessment and crisis helpline. There is a mental health liaison model which works to Core 24 standards for children and young people.

At the start of the COVID-19 pandemic MPFT in South Staffordshire set up an all-age Mental Health Crisis line, utilising their existing adult pathways, with the support of on-call staff in CAMHS and a freephone number for callers.

Specific arrangements are detailed below:

- Calls received by the all-age Mental Health Crisis line. There is access to CAMHS workers 'on call' during extended hours, however, demand out-of-hours from CYP has been low. As the intensive support team grows the ambition is to transfer the out-of-hours arrangements from core CAMHS 'on call' to this team. The integrated Children and Families SPA will be the main response for children and families with needs from Monday to Friday 9am to 5pm and will provide clear pathways to crisis and intensive support services
- The main admission portals in all the acute hospitals in Staffordshire now have an all-age Psychiatric Liaison service with specially trained CYP staff available to assess children at A&E or when admitted to the acute wards. The services provide a response in one hour to emergency referrals from wards or the emergency department and in 24 hours for urgent referrals from inpatient wards. This ensures that all children and young people receive a response from staff with experience, competence, and training in working with that age group, particularly if a full biopsychosocial assessment is required
- For North Staffordshire and Stoke-on-Trent, the crisis centre provides a single Freephone number that is marketed as providing 24/7 access to children and young

people for crisis and urgent assessment. Emergency in one hour, crisis in four hours and urgent in 24 hours. Call handlers are experienced to meet the needs of all ages including CYP and their families

- Crisis response is commissioned for a maximum of four hours' response time, and is met in all cases, in some cases this is achieved in two hours of receipt of referral.

In addition, we have an Intensive Support service provided by MPFT for the south of the county that is based on a six- to 12-week treatment model working intensively alongside CAMHS with the children and young people and their families in their home. This allows for a further period of assessment and brief intervention during the acute crisis stage and support includes visit/s and phone support during this period.

The service works from 8am to 8pm flexibly around the needs of the children and young people and their families when in crisis, to prevent a potential hospital admission or to provide a smooth transition back to the community upon discharge.

There has been investment in this service in 2021/22 but the ability to maximise its full capacity has been significantly impacted by workforce shortages. Those shortages have delayed the extension of the service beyond core hours. There has been a slow but steady increase in recruitment to the Crisis and Intensive Support team.

The plan for the next 12 months is to improve recruitment numbers and move to provide a brief intervention and then a crisis service. This will be concurrent with providing a service over the weekends, then 8am to 8pm and then to 8am to 10pm as per the needs of our geography. We plan to include our CAMHS Learning Disability service cohort of children by October 2022. Recruitment depending, we have ambitions to be covering weekends and 8pm to 8am throughout the week by early 2023.

The crisis and intensive support team in South Staffordshire have good working relationships with psychiatric liaison teams taking part in two separate weekly MDTs on the acute wards at Queen's Hospital Burton and University Hospital of North Midlands (UHNM). They are looking to replicate this across the other local acute hospitals that admit MPFT children.

We continue to develop the service in line with best practice and guidance and are currently recruiting a research assistant to support the team to gain the experience of children and families to better inform the service development. There are not any areas that are not covered in respect of the KLOEs.

For North Staffordshire and Stoke-on-Trent, there is an intensive home treatment service operating 8am to 8pm, seven days a week. This is an intensive support response provision ensuring needs are met holistically, balancing the physical, social, and psychological needs of the individuals and their families and carers. The focus is on the reduction of the child or young person's vulnerability to crisis and maximisation of resilience. The service aims to promote and ensure effective working relationships with the broader health and social care system including general practice, mental health units, education establishments, social care, and community services while providing an alternative to hospital admission.

Both the Crisis and Intensive Support teams employ practitioners with a variety of backgrounds and expertise including learning disability nurses with a link worker aligned to

the team from the CYP Autism team. The training needs analysis for the teams include training to meet any identified needs. These training needs are based on a core set of developing competencies which are specific to working in CYP mental health in crisis and high risk, with additional competencies for working with those who are autistic.

The Crisis and Intensive Support teams are developing pathways with CAMHS inpatient, core community CAMHS services, Autism and Community Learning Disability teams to ensure integrated working and a 'step up/step down' model. Our developments include refining pathways with our Adult Mental Health teams to ensure joint working to best meet the needs of the CYP and transitions between services and across age ranges.

In conjunction with acute providers, children and young people's providers are delivering a more effective offer of assessment and support to children and young people presenting with self-harm issues. A specific post, focussed on responding to children and young people who self-harm, is facilitating discharges at UHNM. There are agreed deliberate self-harm pathways in place and UHNM and University Hospitals of Derby and Burton NHS Foundation Trust, with the mental health trust detailing response times across the seven-day week in accordance with NICE guidance.

Early Intervention in Psychosis (EIP)

The EIP service is commissioned for people aged 14 and above. The service will assess and treat younger children where appropriate. Where CAMHS are involved with an individual prior to a referral to the early intervention service, CAMHS will continue to be involved and act as the care co-ordinator or lead professional until the initial assessment has been completed and/or a decision has been reached with regards to the appropriateness of offering ongoing intervention and treatment by the early intervention team.

All individuals who access the EIP service have a care co-ordinator or lead professional appointed from the early intervention team and are provided with a NICE concordant package of care, regardless of the source of referral. NSCHT has achieved Level 4 (top performing) in the recent National Clinical Audit for Psychosis (NCAP).

Across the ICS, EIP services now include a pathway for those with an at risk mental state (ARMS). This pathway supports those with an ultra-high risk of developing psychosis, with an aim to prevent psychosis developing or if this is not possible reducing the duration of untreated psychosis to zero. For those who are already known to CAMHS, care co-ordination will sit with the most appropriate service to meet that young person's needs, co-worked by the other service. With specialist intervention happening from both teams.

As described in the 'Young Adults' section previously, EIP will form part of the focus of the newly formed Health Inequalities Co.Lab across Staffordshire and Stoke-on-Trent, part of the local Mental Health Community Transformation. This Co.Lab will take learning from similar engagement strategies, population health management and reviewing literature, to building a sound mechanism by which to continue to strengthen our support and approach to providing services for 18-25 year olds, who present with emerging SMI and related needs.

Mental Health Support Teams and trailblazer

Core evidence-based interventions for mild to moderate mental health issues

The teams deliver interventions alongside established provision from educational psychologists and school nurses. Access is based on need, and teams will focus on promoting equality and reducing health inequalities.

The delivery model incorporates:

- face-to-face work, such as effective, brief, low-intensity interventions for children, young people and family systems experiencing anxiety, low mood, friendship difficulties, and behavioural difficulties, based on the most up-to-date evidence
- group work for pupils or parents such as drop-ins, and group cognitive behaviour therapy (CBT) for young people for conditions such as anxiety
- group parenting classes, to include issues around conduct disorder and communication difficulties.

Teams equip and support schools to do more on mental health by:

- working with the designated leads and existing service providers to map what provision is already in place and where the gaps are
- training and educating staff along with support and consultation
- training teachers on transition to secondary school
- support monitoring of whole school wellbeing.

Teams support children and young people with specialist needs to get the right help and stay in education by working with specialist CYP mental health services to ensure that children and young people who need it receive appropriate support as quickly as possible. This could include more specialist NHS mental health support, support for autistic spectrum disorder and/or learning disabilities (ASD/LD) and/or physical needs or help for issues like substance misuse. They will work to ensure smooth transition back from specialist services.

North Staffordshire and Stoke-on-Trent Trailblazer

There is a Trailblazer Project Group with leaders from ICB, both local authorities and CAMHS. North Staffordshire Combined Healthcare NHS Trust is the delivery partner. Latterly, 100% achievement has been reached and maintained for both four-week referral to assessment (RTA) and the mandated 18-week referral to treatment (RTT) targets.

NSCHT with the wider partners are committed to achieving and sustaining a four-week waiting standard (4WW). In the past two years, the trust has reduced waiting times considerably for children and young people accessing the CAMHS service and are ambitious to reduce the RTT times even further.

The opening of the all-age crisis centre in 2019 in NSCHT has provided a 24/7 service for the assessment and treatment of children and young people who present in crisis. Internal reorganisation and changing practices across the service have been implemented and are continuing with a renewed focus on early intervention including the development of virtual teams, the use of new technologies, and rapid triage.

The work with the Mental Health Support Teams (MHSTs) in schools has been crucial to support and continue the improvement of CAMHS. Gaining feedback and insight from the work already done in targeted schools demonstrates how the role of a CAMHS practitioner can improve the quality of referrals. At the same time, a whole school educational approach will be offered to ensure school staff are equipped to deal with mental health issues. The links between the four-week wait and the MHSTs is essential, as the model should ultimately reduce the need for increased numbers of highly complex cases by working on a more upstream model.

Ensuring equity of access to those most in need is central to the ongoing work of the four-week wait, especially where vulnerable groups are concerned. The Joint Strategic Needs Assessment (JSNA) and the consultation with children and young people, parents, and carers, highlight the need to actively target those who might fall through the net, such as those during transition points (primary to secondary school, children's services to adult services), those with disability, and those on the SEND register.

The Trailblazer Project Group has been responsible for demonstrating local need and recruiting schools to be involved with the pilot. A total of 63 education establishments across Staffordshire and Stoke-on-Trent now have input from MHSTs with a further 64 schools identified across Stoke-on-Trent who will be part of wave eight commencing in January 2023.

These range from primary, secondary, a college, two pupil referral units (PRUs), and a special needs school, varying in Ofsted rating. Each MHST can provide up to a total population of 8,000 children and young people. Staffordshire schools have been selected based on existing relationships via a place-based approach, with need relating to attainment and achievement and prevalence rates of children and young people's mental health.

The two NSCHT Trailblazer sites have the prescribed model as laid out in the MHST Operating Manual. To support EMHP clinical leadership, and a Senior EMHP role has been created which will support retention of current EMHPs by creating a potential for progression.

Schools are appreciating the effectiveness of whole-school approaches and consideration is being given to the creation of a Whole School Approach lead to ensure fidelity to the MHST model across all schools and a consistent approach.

Our ambition is to see a decrease in referrals year-on-year from our schools as we increase and embed Whole School Approach, one of the three functions of the MHST to allow even further spread across more schools.

South Staffordshire

Mental Health Support Teams across South Staffordshire have continued to develop relationships and embed support in the identified education settings. Teams are now established in East Staffordshire (x2) and Cannock Chase. In January 2022, we launched the Stafford MHST which is offering support to a further 19 education settings. The EMHPs are currently completing their training and are on track to complete their training and provide a full offer by January 2023.

Established teams have seen an increase in demand for the service over the past year which has led to further developments of group work and the implementation of a consultation model to manage this increase. CYP presenting with higher risk and complexity of systemic factors have impacted on service delivery. Senior Practitioner positions have been implemented in the teams to support both the clinical team and manage the ongoing support and treatment of these presentations.

Over the past year, we have focused on recruitment due to continuously having gaps in teams. Vacant EMHP positions have been difficult to recruit to due to the limited pool of qualified EMHPs. We have worked with NHSE Regional Leads and MHST leads from across the region to develop ways to manage this challenge. We have recruited children's wellbeing practitioners to fill these vacancies with the advice of HEE.

Over the next 12 months, we plan to continue to develop the whole school approach offer across all teams and ensure annual plans of delivery are outlined in partnership with Senior Mental Health Leads. The service will raise awareness of the peer support offer and embed this into education networks.

The Tamworth MHST launched in September 2022 and will continue to be developed while preparing for the role out of a further team in late 2023.

We plan on working with local stakeholders and HEE to ensure the governance structure for the MHSTs across South Staffordshire continues to ensure the delivery of the service meets the requirements of the education settings and the requirements of MHSTs from a national perspective. We continue to connect with NHSE and HEE leads to highlight challenges we experience with regards to this.

Getting Advice and Support Services (formerly Tier 2 services)

Action for Children is commissioned across North and South Staffordshire to deliver mild-moderate emotional and mental health services. By offering a consistent service across Staffordshire, it is our aim that children and young people will have access to the same type of support, wherever they live.

Referral routes into this new service have been opened to allow individuals, parents, carers and professionals to all refer into the service. Additionally, the service will support young people aged 18-25 if they are a Staffordshire care leaver and/or someone who has an Education, Health and Care Plan (EHCP).

Changes Stay Well Consortium provides the emotional wellbeing and mental health service for Stoke-on-Trent. The prevention element supports mental health and wellbeing of children and young people and their families. Targeted support provides early intervention experiencing mild to moderate emotional wellbeing and mental health issues.

Both of these services have a digital early intervention and prevention offer as part of their services and provide support to schools, especially those that are not part of the Trailblazer, Mental Health Support Teams in schools' programme.

Provider Collaborative

The CAMHS Provider Collaborative is essentially the transfer of funding, commissioning, service redesign, quality improvement and performance oversight of specialised services from NHS England and NHS Improvement to provider collaborative arrangements.

The aim is to move all specialised commissioning for mental health to this new way of working. This work has commenced in the region and clinical models are currently being developed.

Following discussion with the chief executive officers of NHS trusts in the region, leads have been agreed for three areas:

- Secure Care – Birmingham and Solihull Mental Health NHS Foundation Trust
- CAMHS Tier 4 – Birmingham Women and Children's NHS Trust
- Adult eating disorders – Midlands Partnership NHS Foundation Trust.

The new care model requires a lead provider and a provider alliance. Lead providers will be allocated a budget for their population and will be responsible for managing it. Lead providers will hold the main contract with NHS England and will be responsible for planning for and sourcing partners and sub-contractors to enable the best provider-mix possible to attain equity of services and value for money.

Workforce plan

Appendix 3 details our CAMHS workforce establishment. Health Education England (HEE) tasked the mental health workstream of the Staffordshire and Stoke-on-Trent ICS with achieving a target whole-time equivalent (WTE) increase in workforce numbers by 2021 in mental health roles to meet the outcomes in the Mental Health Five Year Forward View (MH5YFV).

Staffordshire and Stoke-on-Trent ICS submitted its first iteration of the Mental Health Workforce Plan in March 2018 and has continued to refresh this plan in response to regulator feedback key lines of enquiry (KLOEs) and known workforce growth. The plan has been co-created with partners across the ICS including Midlands Partnership NHS Foundation Trust, North Staffordshire Combined Healthcare NHS Trust, the ICB, and voluntary and independent sector partners.

The first priority in the plan is children and young people. The plan outlines how Staffordshire and Stoke-on-Trent will meet the target of additional posts in mental health services by 2023/24, with the position in June 2022 (Appendix 3) to show the increase in posts and in which roles. It describes workforce transformation and supply, recruitment, and retention initiatives for Staffordshire and Stoke-on-Trent.

Overall, the workforce growth and transformation has focussed on increasing mental health practitioner roles that have a higher level and range of generic skills and competencies. They deliver services to an ageless population as part of the provision of an ageless liaison and Crisis Home Treatment service development. The skill mix is critical to ensure support, skills sharing, and competency developments in teams.

New roles include integrated support workers, nursing associates, advanced practitioners, and physician associates to be integrated with the apprenticeship roles in-line with the apprenticeship programme.

In relation to the national Green Paper and the new mental health workforce of community-based mental health support teams working with schools and colleges, consideration was given to national models, local knowledge, and feedback gained from events alongside the new pathway. Workforce supply, new roles, and skill mix was considered as part of the planning process, which resulted in the introduction of various roles including educational mental health practitioners, mental health practitioner or nurse, trainee CBT practitioners, team leaders and administrators.

Upskilling of current staff – including expanding mental health skills in staff working in other settings

There is an ongoing requirement to ensure there are enough front-line clinicians in the CYP mental health workforce to deliver services and to provide upskilling of the workforce in primary care and acute trusts. This will ensure they can support the needs of children and young people with mental health needs accessing their services.

Upskilling of the workforce to support children and young people with comorbidities such as autistic spectrum conditions will be necessary.

Across all services, greater skills around trauma informed care are required. This means developing all staff in psychological practice and potentially additional capacity at Band 7 specialist practitioner or psychologist level.

For suicide reduction plans to be fully implemented, there will be a requirement for further upskilling of the workforce to ensure the agreed reductions take place.

The Staffordshire and Stoke-on-Trent ICS has a recruitment and retention group which works across system and continues to develop system-wide projects to address gaps and secure future supply.

Workforce plans are refreshed annually in line with the national mental health plan submission and will feed into a revised Local Transformation Plan or strategy for the period 2021-24 which will enable future service aspirations to be identified and a training and education plan developed.

Key achievements for workforce planning include the move towards an all-age 24/7 liaison psychiatry service to support urgent care at the acute hospital by seconding CAMHS workers and upskilling adult mental health practitioners so that young peoples' needs can be met.

As the ICS Mental Health programme looks forward, it extends its commitment to workforce growth and transformation to deliver the NHS Long Term Plan ambitions for mental health services. The Implementation Plan sets out the following indicative proportioning of the national trajectories for workforce growth across Staffordshire and Stoke-on-Trent for CYP in Table 2.

Table 2

			2019/20	2020/21	2021/22	2022/23	2023/24
			5YFV Year 4, LTP Year 1	5YFV Year 5, LTP Year 2	LTP Year 3	LTP Year 4	LTP Year 5
CYP 0-17	Workforce additional required to deliver the NHS Long Term Plan (cumulative)	Psychiatrist – consultant	-	-	0.60	1.51	2.43
		Nursing and midwifery	-	-	1.86	4.71	7.60
		Psychologist	-	-	1.49	3.76	6.08
		Psychotherapists and psychological professionals	-	-	0.89	2.26	3.65
		Support to clinical staff and other therapists	-	-	1.12	2.82	4.56
		Social worker	-	-	0.37	0.94	1.52
		Admin	-	-	1.12	2.82	4.56
CYP Crisis		Psychiatrist – consultant	-	-	0.11	0.21	0.32
		Psychiatrist – non-consultant	-	-	0.11	0.21	0.32
		Nursing and midwifery	-	-	4.68	9.38	14.08
		Psychologist	-	-	0.43	0.85	1.28
		Occupational Therapists	-	-	0.43	0.85	1.28
		Support to clinical staff and other therapists	-	-	2.98	5.97	8.96
		Social Worker	-	-	0.43	0.85	1.28
		Admin	-	-	1.28	2.56	3.84
CYP 18-25		Psychiatrist – consultant	-	0.30	0.58	0.85	1.11
		Nursing and midwifery	-	0.93	1.82	2.66	3.47
		Psychologist	-	0.75	1.45	2.13	2.77
		Psychotherapists and psychological professionals	-	0.45	0.87	1.28	1.66
		Support to clinical staff and other therapists	-	0.56	1.09	1.60	2.08
		Social Worker	-	0.19	0.36	0.53	0.69
		Admin	-	0.56	1.09	1.60	2.08
Total							154.88

Key: 5YFV – NHS Five Year Forward View | LTP – NHS Long Term Plan

The Local Transformation Plan provides an opportunity to address supply challenges by developing rewarding career pathways, developing enhanced roles such as advanced clinical practice and non-medical accountable clinicians; and provides an opportunity to maximise supply through 'growing our own' through the use of apprenticeship opportunities in nursing (including nurse associates), occupational therapy, social work, and clinical associate psychologists.

These indicative figures will be considered in the context of current service provision and achievements so far in transforming services and growing the workforce, local population need, and funding allocations. In determining the workforce requirements and areas of growth, partners will follow the NHS Long Term Plan methodology in setting out the prioritisation of funding and delivery into 'fixed,' 'flexible,' and 'targeted' approaches over the five years. The workforce plan will follow the same iterative process as the existing Mental Health Five Year Forward View plan.

We will continue to work in partnership as a system with ICB, NHS, local authority and voluntary or independent sector providers to understand, develop and transform our workforce to deliver the system ambitions. Regular reporting and progress reviews will continue with Health Education England, and NHS England.

Data, activity, finance, and outcomes

Data

All providers are contractually required to upload to Mental Health Services Dataset (MHSDS). Paired outcomes data is being reported by IAPT partners, including non-NHS providers. NHS providers are fully compliant with the uploading of data. Gaps in compliance with the non-NHS providers have largely been addressed and the emphasis is now on data quality.

All providers and clinical leads are working together to develop consistent reporting standards to ensure all services across Staffordshire and Stoke-on-Trent are able to collect and accurately report against these indicators through MHSDS, in-line with national guidance and expectations.

The number of children and young people accessing support by NHS-funded community services in 2021/22 was 10,340 – representing 48.6% of the estimated prevalence, and exceeding the 35% target of 7,446. Accessing services is based on attendance to at least two contacts.

Estimated prevalence is based on CCG plan submissions and based on 2004 ONS prevalence with local adjustments.

Table 3: CCG Breakdown (green where target achieved)

CCG	Estimated prevalence: Number of CYP with a diagnosable mental health condition*	Percentage of CYP with a diagnosable mental health condition who are receiving treatment from NHS-funded community
Cannock Chase	2,602	42.7%
East Staffordshire	2,521	41.5%
South East Staffordshire and Seisdon Peninsula	2,431	69.7%
Stafford and Surrounds	5,992	17.9%
North Staffordshire	3,952	52.0%
Stoke-on-Trent	3,775	88.9%
Staffordshire and Stoke-on- Trent ICS	21,273	48.6%

- Data source: CYP MH Access Dashboard – NHS Futures website – annual value as at March 2022
- *Estimated prevalence is based on CCG plan submissions and based on 2004 ONS prevalence with local adjustments – these are the figures reported previously for 2020/21, as unable to obtain for 2021/22.

Access targets have been agreed and are monitored on a monthly basis, with NHS providers and quarterly with non-NHS providers offering interventions at Getting Advice and Support Level.

Across the ICS, the THRIVE model is being utilised, with the ethos of providing the right support at the right time, according to children and young people's needs first and foremost. The use of outcome measures is embedded across all settings, including MHSDS teams working in schools. Data Warehouse Developers have been working on reporting to MHSDS, CAMHS currency and CYP-IAPT requirements on outcomes and data reporting.

We have developed a suite of forms to Child Outcomes Research Consortium (CORC) specification available in the RiO/Lorenzo system to capture outcome measures and data reporting. We are flowing in the MHSDS in SNOMED format (SNOMED is the organisation and coding of medical terms used in clinical documentation and reporting).

Data Quality Improvement Plans are in place with providers to ensure all commissioned activity is recorded and reported through the Mental Health Services Dataset as well as ensuring the alignment of children's local and national reporting for all information and quality indicators.

The following tables summarise performance data and the Improvement Assurance Framework the ICB are monitored against.

Activity

Getting Advice and Support Service (formerly Tier 2)

Until recently, these services were commissioned based on number of sessions delivered. However, differing methodologies mean it is not possible to consistently and accurately identify the number of children and young people receiving intervention across the LTP footprint.

Table 4

Period	2014/15	2015/16	2016/17	2017/18	2018/19 MHSDS (MHS69)	2019/20 MHSDS (MHS69)	2020/21 MHSDS (MHS69)	2021/22 MHSDS (MHS69)
Stoke-on-Trent City Council	911	1,260	1,132	1,192	N/A	N/A	N/A	N/A
Staffordshire County Council		1,672	1,370	N/A	N/A	N/A	N/A	N/A
North Staffordshire CCG		150	521	3,852	1,290	1,785	1,770	2,055
Stoke-on-Trent CCG					1,910	2,695	2,835	3,355
Cannock Chase CCG					700	715	790	1,110
East Staffordshire CCG					535	660	890	1,045

Period	2014/15	2015/16	2016/17	2017/18	2018/19 MHSDS (MHS69)	2019/20 MHSDS (MHS69)	2020/21 MHSDS (MHS69)	2021/22 MHSDS (MHS69)
South East Staffordshire and Seisdon Peninsula CCG					1,195	1,250	1,345	1,695
Stafford and Surrounds CCG					845	940	920	1,070
Totals	911	3,082	3,023	5,044	6,475	8,040	8,550	10,340

- 2018/19 onwards, Metrics figures taken from the Mental Health published by NHS Digital which are based on the Mental Health Data Set. MHS69 – The number of children and young people, regardless of when their referral started, receiving at least two contacts (including indirect contacts) and where their first contact occurs before their 18th birthday by provider
- 2019/20 and 2020/21 figures have been refreshed with the same data source as 2021/22
- Data source: CYP MH Access Dashboard – NHS Futures website – annual value as March 2022
- Caveats: Values have been rounded to the nearest five data points, which might lead to some loss of accuracy.

CAMHS Getting Help Services (formerly Tier 3)

Table 5 illustrates the number of children and young people accessing community CAMHS (NHS) provision. It does not include specialist services (ASD, looked after children, young offenders etc).

Table 5

CCG	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Referrals received into CAMHS							
Cannock Chase	899	1,014	912	1,071	1,214	873	1,004
East Staffs	769	821	850	839	1,003	705	761
SES&SP	1,243	1,226	1,297	1,332	1,625	1,281	1,503
Stafford and Surrounds	818	934	965	985	1,177	918	1,139
Stoke-on-Trent	1,618	2,000	2,437	2,913	3,021	3,088	4,503

North Staffs	1,083	1,447	1,850	1,989	2,466	2,219	2,970
Total	6,430	7,442	8,311	9,129	10,506	9,084	11,880
New children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period							
Cannock Chase	339	325	246	226	189	207	211
East Staffs	234	385	224	215	276	231	210
SES&SP	501	629	436	450	406	457	453
Stafford and Surrounds	288	334	319	285	231	283	238
Stoke-on-Trent	134	235	445	517	1,257	1077	1246
North Staffs	84	160	332	354	833	856	758
Total	1,580	2,068	2,002	2,047	3,192	3,111	3,116
CCG	Estimated prevalence	% treated 2016/17	% treated 2017/18 inc SDCS	% treated 2018/19 inc SDCS	% treated 2019/20 inc SDCS	Treated 2020/21 MHSDS	Treated 2021/22 MHSDS
Individual children and young people aged 0-18 receiving treatment from CAMHS services in the reporting period							
Cannock Chase	572	566	1,360	1,330	680	699	825
East Staffs	406	499	1,175	900	625	1,052	967
SES&SP	865	981	1,625	1,650	1,210	1,367	1,354
Stafford and Surrounds	517	599	1,225	1,295	766	975	845
Stoke-on-Trent	1,263	1,758	2,295	1,801	2,303	2,209	2,236
North Staffs	806	1,167	1,585	1,122	1,466	1,500	1,313
Total	4,429	5,570	9,265	8,098	7,050	7,802	7,540

- Data source: Cannock Chase, East Staffordshire, South East Staffordshire and Seisdon Peninsula and Stafford and Surrounds from MPFT, North Staffordshire and Stoke-on-Trent from NSCHT
- Caveats: Data from two main providers; as no published figures to check against, unable to determine if missing any data from other providers.

Table 6 demonstrates our progress towards delivering the 2021/22 waiting time standards for children and young people's eating disorder services. The target is for 95% of patients to receive their first definitive treatment in four weeks for routine cases, and in one week for urgent cases.

Table 6

CCG	2018/19			2019/20			2020/21			2021/22	
	No. referred	No. seen in timescale	%	No. referred	No. seen in timescale	%	No. referred	No. seen in timescale	%	No. referred	No. seen in timescale
Routine cases of CYP with eating disorder (ED) referred with suspected ED that start treatment in four weeks											
Cannock Chase	8	4	50.0%	6	6	100.0%	9	8	88.9%	5	1
East Staffs	4	3	75.0%	12	11	91.7%	19	18	94.7%	17	7
SES&SP	22	20	90.9%	17	16	94.1%	33	27	81.8%	36	27
Stafford and Surrounds	20	20	100.0%	18	17	94.4%	17	15	88.2%	31	20
North Staffs	31	31	100.0%	37	36	97.3%	36	36	100.0%	33	33
Stoke-on-Trent	35	35	100.0%	28	28	100.0%	51	51	100.0%	51	50
Total	120	113	94.2%	118	114	96.6%	165	155	93.9%	173	138
Urgent cases of CYP with eating disorder (ED) referred with suspected ED that start treatment in one week											
Cannock Chase	0	0	N/A	1	1	100.0%	2	2	100.0%	1	1
East Staffs	0	0	N/A	0	0	N/A	6	6	100.0%	4	2
SES&SP	1	0	0.0%	3	3	100.0%	3	3	100.0%	6	5
Stafford and Surrounds	5	5	100.0%	4	4	100.0%	5	5	100.0%	2	1
North Staffs	5	5	100.0%	1	1	100.0%	4	4	100.0%	11	11
Stoke-on-Trent	5	5	100.0%	1	1	100.0%	2	2	100.0%	7	7
Total	16	15	93.8%	10	10	100.0%	22	22	100.0%	31	27

- All years have been refreshed
- Data source: Unpublished, unvalidated CYP ED dataset (no suppression of values)
- Caveats: Values suppressed in published validated reports have been included in (denoted by light blue shading).

Performance summary

Overall, there has been an increase in the number of new Getting Advice and Support (formerly Tier 2) and CAMHS Getting Risk Support (formerly Tier 3) referrals across Staffordshire since 2014/15.

Getting Advice and Support Activity (formerly Tier 2)

Across the ICB, there has been steady growth from 2016/17 onwards. The table below details the percentage change in the yearly totals when compared to the previous year.

Table 7

Period	2014/15	2015/16	2016/17	2017/18	2018/19 MHSDS (MHS69)	2019/20 MHSDS (MHS69)	2020/21 MHSDS (MHS69)	2021/22 MHSDS (MHS69)
New referrals	911	1,260	1,132	1,192	6,475	8,040	8,550	10,340
		1,672	1,370	3,852				
		150	258 263					
Total	911	3,082	3,023	5,044	6,475	8,040	8,550	10,340
% change on previous year		238%	-2%	67%	28%	24%	6%	21%

- 2018/19 onwards, Metrics figures taken from the Mental Health published by NHS Digital which are based on the Mental Health Data Set. MHS69 – The number of children and young people, regardless of when their referral started, receiving at least two contacts (including indirect contacts) and where their first contact occurs before their 18th birthday by provider
- 2019/20 and 2020/21 figures have been refreshed with the same data source as 2021/22
- Data source: CYP MH Access Dashboard – NHS Futures website – annual value as March 2022
- Caveats: Values have been rounded to the nearest five data points, which might lead to some loss of accuracy.

The data in table 7 reflects the move from provider supplied data to NHS MHSDS collected data.

CAMHS activity – Getting Help (formerly Tier 3)

Compared to 2018/19, the number of CAMHS Getting Help referrals has increased by 15.0% collectively across the CCGs. North Staffordshire CCG has the largest increase of 23.9%. South East Staffordshire and Seisdon Peninsula CCG has recorded the next largest, a 22% increase.

The number of new children and young people receiving treatment across the collective CCGs in 2019/20 has increased by 55.9%. Stoke-on-Trent CCG recorded the highest increase (of 143.1%) closely followed by North Staffordshire CCG (135.3%). A decrease

(on 2018/19) was recorded in Stafford and Surrounds CCG (-18.9%) and Cannock Chase CCG (-16.4%).

The total number of individual children and young people aged 0-18 in 2019/20 receiving treatment from CAMHS in the reporting period decreased by -12.9% (on 2018/19) with Cannock Chase and Stafford and Surrounds CCGs recording the largest reductions of 48.9% and 40.9%, respectively.

The number of urgent patients with suspected eating disorders reduced significantly in total across the six CCGs (33 in 2018/19, reducing to 11 in 2019/20). However, the number seen in timescales has seen a decrease from 88% (2018/19) to 82% (2019/20).

The number of routine cases with suspected eating disorder has increased in total across the six CCGs (102 in 2018/19 increasing to 120 in 2019/20). However, the number seen in timescale increased from 93.2% (2018/19) to 97.5% (2019/20).

Outcomes

One of the CYP ICS Board Sub-groups focuses on Outcomes. This group is working to develop a shared understand and use of outcome tools across the ICS. We have mapped outcomes to the THRIVE model quadrants and agreed that due to the range of services, populations and commissioning arrangements there is no 'one size fits all' when it comes to using outcome measures.

The group have agreed some shared KPIs (draft only at present):

1. Use a tool that is meaningful to the goal
2. Use shared Decision-making (SDM) throughout ('with not to')
3. Set a goal with the child or young person or their family
4. Use tools to monitor progress
5. Review progress from beginning to end
6. Gather experience of service
7. Share outcomes with services and colleagues across the system
8. Whole thriving family – working together.

For the next 12 months, there will be a renewed focus on outcome measures due to the Commissioning for Quality and Innovation (CQUIN) and there is a set performance target for 2022/23). The purpose of the CQUIN is to incentivise change in clinical practice and ensure that mental health services become outcomes-focused services.

The CYP ICS board aspire to having a shared dashboard for evidencing the use of outcome data. Until this is achieved, all commissioned health services will aspire to achieve 40% of children and young people having their outcomes measured at least twice. For this to count, this has to be the same measure being used at least twice (for example Goal Based Outcome measure used twice or more).

We hope to use the measure across services to prevent young people having to repeat their wishes and goals for better mental health and wellbeing.

Priorities

Our priorities are:

1. Streamlining referral processes, including the development of self-referral to CAMHS and partner service
2. Making better use of technology
3. Introducing the THRIVE model and care pathways
4. Developing plans for a place of safety or safe place to address the new arrangements associated with the Police and Crime Act and Section 136 (Mental Health Act) admissions
5. Developing intensive outreach services to support young people in crisis to prevent admission, better support those who are waiting for admission, and reduce the length of stay for those who are admitted to mental health specialised inpatient beds (CAMHS Getting Risk Support)
6. Strengthening support to children and young people facing added disadvantages as a result of their specific status – for example looked after, living with a disability, membership of minority groups and children known to the justice system
7. Developing an early intervention approach through the engagement of schools
8. Strengthening transition
9. Eating disorder services
10. Improving access to psychological therapies
11. Increased capacity at CAMHS Getting Help Level, specialist intervention.

These priorities are also identified in the Stoke-on-Trent and Staffordshire Children and Young People's (CYP) Emotional Health and Wellbeing Strategy 2018-23.

During any transformational or improvement programme, it is important to be explicit about what it is we are trying to achieve, identify progress made, the impact and outcomes achieved and any risks or gaps and how we are going to address challenges.

Table 8 below summarises the priorities since the beginning of this transformational programme and outcomes we have set ourselves and provides an update as to progress. Appendix 5 provides our risk register against these priorities.

Table 8: Progress against our priorities

Priority 1. Streamlining referral processes, including consideration of self-referral to CAMHS	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> A single point of access serves North Staffordshire managed by the NHS trust, offering advice, screening, and triage system Single point of access for South Staffordshire Self-referral is being promoted and accessed via a digital front door Digital platform and app developed in North Staffordshire through an NHS digital programme. 	<ul style="list-style-type: none"> Clear and simple referral process has reduced confusion and duplication of referrals into mental health services. This will widen access and choice. Self-referral accepted across the system. Improving accessibility responsiveness and reduction in risk.

Priority 2. Making better use of technology	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> • NSCHT are a Digital Exemplar site and are developing their IT systems to support advice and information and to strengthen data collection and analysis • Third sector providers have invested in new case management systems to support the move away from paper-based records, most providers now flowing data to MHSDS • As part of the Families Health and Wellbeing Service 0-19 years (County) and Our Health 5-19 years (City), we have introduced a text service for young people aged 11-19 in Staffordshire and Stoke-on-Trent, and parents of children aged 0-19 in Staffordshire. NSCHT have further developed the use of technology by transforming access to information, advice and through developing a unique CAMHS Digital Portal, including online self-referral to improve access to services and to be more responsive. Teams have and continue to offer a flexible model by offering support to young people and carers through a digital offer including appointments through 'Attend Anywhere' • Third sector data included in analysis of progress against targets to demonstrate true picture of access to provision • ChatHealth provides choices to young people and parents and the opportunity to text the service to ask questions, discuss concerns or worries that they might find difficult to raise face-to-face due to feeling embarrassed, anxious, afraid, or simply due to time. The text messages can be anonymous and will be received through the Hubs 9am to 5pm Monday to Friday. A school nurse or health visitor will reply directly to the young person or parent; they will be offered either advice via text, or where the service user is willing; they can provide information, advice, guidance, signposting referral or arrange a phone call or local face-to-face appointment. An automated message is sent outside of working hours • The emotional health and wellbeing service (delivered by Changes for Stoke-on-Trent, Action for Children for North and South Staffordshire) both have a digital offer. Due to COVID-19, they have moved to digital technology to deliver their services • Children can self-refer into the Changes emotional health and wellbeing service in Stoke-on-Trent. Digital self-referral is also available • Introduction of SilverCloud with the Action for Children Service allows IAPT principles to be delivered via online therapeutic support for 11-year-olds across Staffordshire 	<ul style="list-style-type: none"> • Remodelling of the referral and assessment functions by increasing the proportion of children with the ability to self-care and self-refer into services. This approach improves recovery and enables a person to seek prompt treatment at an early stage. It reduces the likelihood of lower degree problems becoming more severe • Both Getting Advice and Support emotional health and wellbeing services: Changes Stay Well service for Stoke-on-Trent reports to the MHSDS and Action for Children in North and South Staffordshire commenced reporting at the end of 2020 • The digital innovation fund bid by Enlighten in South Staffordshire will enable us to understand the impact, benefit, and costs associated with a wider scale programme • Maturity tool – recommendations will assist with planning and improving outcomes • Digital service delivery, using new technologies to enhance service offer and improve access to service via a blended offer.

<ul style="list-style-type: none"> • Development of the 'Sandbox' Platform for CYP mental health in South Staffordshire in partnership with Cerebral • Development of an on-line parent peer support group in South Staffordshire • Development of virtual peer support network for parents in South Staffordshire • A successful digital innovation fund bid by Enlighten in South Staffordshire has resulted in the development of an augmented reality offer linked to self-help for over-11s. Still in the design phase, to be piloted in a secondary school in Tamworth and in a local community SEND group in the coming months. Understanding the impact, benefit, and costs associated with a wider scale programme will not be available until early 2021 • CYP MH Support Pathway (See Appendix 1) • Gains made from the use of new technologies during COVID-19 – Digital service delivery. 	
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Priority 3. Introducing the THRIVE model and care pathways	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> • Investment made in increasing capacity at Getting Advice and Support Level to develop skills and competence in preparation for THRIVE. Working group in place • Whole system participation in iTHRIVE and Anna Freud Link Programme workshops • Whole pathway commissioning approaches underway • ICS CYP mental health board sub-group focussed on the service delivery model in line with iTHRIVE • Additional staff in place, waiting times significantly reduced and numbers accessing provision has increased • Emotional health and wellbeing services in Staffordshire and Stoke-on-Trent commissioned and delivering to THRIVE. 	<ul style="list-style-type: none"> • Focus on early recognition and help • Stronger liaison with core CAMHS services from third sector providers • Investment made in third sector infrastructure and training • Young people receiving interventions earlier • THRIVE principles starting to embed across the whole system • The Stoke-on-Trent Stay Well service and North and South Staffordshire Action for Children emotional health and wellbeing service have been procured to deliver to the THRIVE model.

Priority 4. Developing plans for a place of safety or safe place to address the new arrangements associated with the Police and Crime Act and Section 136 (Mental Health Act) admissions

Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> Beyond Place of Safety (PoS) funding application successful PoS suites has been designed and developed to specifically accommodate under-18s Community Crisis Cafés funding awarded that will be applicable to 16-25s Urgent care centre in North Staffordshire provides an all-age provision. 	<ul style="list-style-type: none"> CYP will never be assessed in custody, their mental health needs will be met more appropriately.

Priority 5. Developing intensive outreach services to support young people in crisis to prevent admission, better support those who are waiting for admission and reduce the length of stay for those who are admitted to mental health inpatient beds Getting Risk Support (formerly Tier 4)

Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> Crisis Intervention and Intensive Support in place across Staffordshire and Stoke-on-Trent All-age access to crisis support is available 24/7 via urgent access phone line Core 24 psychiatric liaison at Royal Stoke (UHNM); Queen's Hospital in Burton and the community hospitals (UHDB) and increased provision at County Hospital in Stafford (UHNM) as an 'alternative to Core 24'. 	<ul style="list-style-type: none"> Reductions in length of stay at Specialised Inpatient Units (formerly Tier 4) Avoidance of A&E attendances.

Priority 6. Strengthening support to children and young people facing added disadvantages as a result of their specific status (for example looked after, living with a disability, membership of minority groups)

Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> Linkages and representation to wider agenda on SEND and Transforming Care agenda New autism spectrum disorder (ASD) pathway in place in Stoke-on-Trent and North Staffordshire to reduce waiting times CAMHS Learning Disability (LD) team has moved to an all-age service in North Staffordshire Shared care protocol developed for attention deficit hyperactivity disorder (ADHD) in Stoke-on-Trent and North Staffordshire with the introduction of QB (objective measurement testing equipment for ADHD). 	<ul style="list-style-type: none"> CYP with additional needs identified and supported earlier More responsive ASD assessment process All-age approach removes a transition point, thus improving patient experience. QB testing for ADHD improves efficiency throughout the pathway. <p>Looked after children (LAC) mental health assessment pilot</p>

<p>Looked after children (LAC) mental health assessment pilot</p> <ul style="list-style-type: none"> • A consortium made up of the Department for Education, Anna Freud and SQW Ltd identified nine local authorities to be part of the pilot programme. The programme ran from June 2019 to June 2020. <ul style="list-style-type: none"> ◦ A sub-group of the ICS CYP Mental Health board is focussed on improving services for LAC • LAC mental health pilot data at 11/09/20 shows 1,246 children under 18 and 481 care leavers in the care of Staffordshire County Council • Stoke-on-Trent City Council continue to commission trauma informed psychology to a specific cohort of LAC • NSCHT have specific LAC team in Stoke-on-Trent for CYP not already known to North LAC team. <p>LGBTQ+ (Lesbian, Gay, Bi-sexual, Transgender, Queer or questioning, and others)</p> <ul style="list-style-type: none"> • Galaxy – a youth group for young people who identify as LGBTQ+ • Stoke-on-Trent LGBT+ group runs bi-monthly for young people targeting 13+ • NSCHT have access to this service and are able to access the Tavistock, Mermaids UK and other local groups • MPFT link with local groups in South Staffordshire including Tavistock, X2Y Youth Group, Mermaids UK, Galaxy. <p>BAME (Black, Asian and Minority Ethnicity)</p> <ul style="list-style-type: none"> • NSCHT – Every child's care is reviewed through an individual care plan, which captures ethnicity of every child • Stoke-on-Trent City Council – Ethnicity data routinely recorded for LAC/CiC/CiN. Ethnicity data is captured quarterly by Changes – Getting Advice and Support Service (Tier 2) • MPFT – The Children and Family (C&F) care group have an Equality and Diversity forum to drive this agenda in the Care Group • Staffordshire County Council – Anna Freud Centre capture ethnicity in their referral form but it is not currently being used routinely to understand the outcomes being achieved for CYP from a BAME background. This, in conjunction with information on other CYP (such as LAC), could be incorporated into the provider's annual report. 	<ul style="list-style-type: none"> • Via a mentalising approach endorsed by Anna Freud, social workers will work through a series of mental and emotional health and wellbeing assessment with children, their carers, and education providers too. • The results of assessments will be collated using the Personal Education Plan (PEP) process and children will be offered support from an expert by experience (a care leaver ambassador) to formulate a child friendly version of a wellbeing passport. A more detailed, formal version of the passport document will sit behind this child-friendly version to inform the support and services that are provided for the individual going forward. <p>BAME (Black, Asian and Minority Ethnicity)</p> <ul style="list-style-type: none"> • NSCHT – All care is person centred to children's needs. Every child's care is reviewed through an individual care plan which will address their needs with ethnicity data being captured for every child • Stoke-on-Trent City Council – Quarterly monitoring of service with outcomes identifiable to BAME (not identifiable to the individual) • Further reporting on BAME could be used to monitored impact and outcomes.
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Priority 7. Developing an early intervention approach through the engagement of schools	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> • 160+ education establishments attended the DfE's Mental Health Services and Schools Link Programme delivered by the Anna Freud Centre. This has included Virtual School that have attended the programme. There has been an expansion of Anna Freud Link Programme which has been delivered across Stoke-on-Trent and East Staffordshire CCGs • Mental health awareness and suicide prevention training made available and promoted • Schools have been encouraged to take responsibility for the provision of services for children with mild to moderate mental health needs, including use of Pupil Premium • MHSTs available in Stoke-on-Trent, North Staffordshire; East Staffordshire; Stafford and Cannock Chase areas. Additional MHST for Tamworth and additional MHST for Stoke in 2022/23 • Schools-based projects (for example 'HOPE' and 'CAMHS in schools') continue • Kind Minds school newsletter distributed to schools half-termly (contributed to by the whole CAMHS system, and co-ordinated and distributed by the local authority) • Termly meetings between Staffordshire County Council, Provider representatives and local schools mental health support leads. <p>Virtual School trauma informed and attachment aware schools strategy</p> <ul style="list-style-type: none"> • Staffordshire County Council's Virtual Schools for looked after children (previously LAC) aim to support every education setting in the county to become 'Trauma Informed' and 'Attachment Aware' <ul style="list-style-type: none"> ○ Ongoing in SCC's Virtual School. Five settings have now fully completed the pathway. • The offer: <ul style="list-style-type: none"> ○ A range of free attachment and trauma training courses for designated teachers, social workers, carers ○ Funding through Pupil Premium Plus for whole school or locality-based attachment training. <p>A free Staffordshire Trauma Informed and Attachment Aware Self-Assessment Framework for school leaders to evaluate practice.</p> <ul style="list-style-type: none"> • Attachment networks for professionals • Certification from the Virtual School <ul style="list-style-type: none"> ○ Sharing of great practice through and annual event. 	<ul style="list-style-type: none"> • Improved relationships between mental health services and education establishments • Increased school-based provision of mental health support • Kind Minds school newsletter half-termly mechanism to share mental health information with education settings; feedback from schools is positive • 'Trauma Informed' and 'Attachment' – Five settings have now fully completed the pathway with some excellent case studies that show the positive impact • MHST – CYP and school have quicker and easier access to mental health support and interventions, information and guidance, and digital offer. Improving access and providing information about what service are available and how to access them Informed and capable workforce to provide timely response to presenting need.

Priority 8. Strengthening transition	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> NHS providers working to improve the experience of transition from CAMHS to adult services and to deliver the CQUIN national goals are transacted in contracts as routine Adult IAPT service commissioned and awarded in 2020 delivered by MPFT, with an offer for 16-25s New transition policy developed in Stoke-on-Trent and North Staffordshire Preparing for Adulthood Lead post developed in NSCHT to support seamless and timely transition through services Transitions is a cross-cutting workstream group in the Children and Families Care Group in MPFT with all teams being required to undertake a self-assessment and develop an action plan based on the findings. 	<ul style="list-style-type: none"> Improved support for young people with mental health issues Commissioning arrangements cover transition, offering a choice between this or adult services Improving access to service and choice Reductions in urgent care requirements as needs are met via transition.

Priority 9. Eating disorder services	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> Dedicated multidisciplinary community teams in place across the locality, delivering evidence-based interventions supporting positive outcomes, in-line with NICE Guidance (NICE CG9) Monthly transition meetings with adult eating disorders team, working group set up to review process and pathway Adult eating disorder – a new service was commissioned in June 2020 for NSCHT and opened for referrals in January 2021 Expansion of capacity for children's eating disorders team in South Staffordshire in 2021/22 Mobilisation of the ARFID pathway. 	<ul style="list-style-type: none"> Young people are being identified earlier and receiving interventions in line with targets for urgent and routine referrals Reduction in Specialised Inpatient Unit admissions in some CCG areas.

Priority 10. Improving access to psychological therapies	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> • Delivery of evidence-based interventions • Service user and carer participation is strong • Appointment of support workers with lived experiences • Training places allocated to NHS and third sector staff and schools • Leadership course has been widely welcomed by those who participated • Referral to Treatment and Wellbeing Practitioner training posts in place • Adult IAPT service commissioned 2020 awarded to and delivered by MPFT, with an offer for 16-25s • System Maturity Tool completed • Gains made from the use of new technologies during COVID-19 – Digital service delivery • ICS Board has set up a Task and Finish group to review and embed 'Participation' with CYP and their carers or family into the CYP MH System • Kind Minds school newsletter distributed to schools half-termly (contributed to by the whole CAMHS system, and co-ordinated and distributed by the local authority) • Mental health support pathway for where to go to for support and how to access it • CYP-IAPT training places agreed. 	<ul style="list-style-type: none"> • Effective and quality data collection is enhancing and informing clinical practice and is supporting the move to minimum dataset • Improved shared decision-making, working in partnership with the child, young person and family is embedded • Routine outcomes monitoring embedded across all participating providers • Maturity Tool – recommendations will assist with planning and improving outcomes • Digital service delivery, using new technologies to enhance service offer and improve access to services via a blended offer • 'Participation' – to ensure that children and young people, their carers and family are fully engaged with to ensure that they can influence and shape current and future CYP MH service across the CYP MH system; to improve access and outcomes • Improving access and providing information about what service are available and how to access them.

Priority 11. Engagement with Provider Collaboratives	
Achievements to date 2015-22	Outcomes and impact
<ul style="list-style-type: none"> • ICS engagement in New Models of Care Board. Lead providers established for each care area 	<ul style="list-style-type: none"> • Improve bed management processes • Reduce out-of-area activity • Provide care closer to home • Reduced readmission rates.

Road map

Details of the financial investments are shown in Appendix 4. Proposed and actual impacts of investments are shown in the table below.

Table 9: LTP progress and ambition to 2022 – Our road map

2015/16	
Ambition	Progress
Initial analysis of local need.	Performance information interrogated and JSNA needs analysis undertaken. Gaps identified.
Health and justice programme commences.	Steering group in place. Some delays to NHS England approval affected recruitment timescales.
Initiate intensive support development.	Business cases developed.
Eating disorder service commissioned.	Business cases developed and services commissioned and is now operational and expansion proposal submitted.
Review participation service.	Light-touch review and annual work plans developed.
Progress CYP-IAPT developments.	IAPT boards absorbed into wider stakeholder implementation groups and contracting teams.
Support for Getting Advice and Support Service (formerly Tier 2).	Additional capacity added into third sector providers.
School-based programmes piloted (North Staffordshire).	Mixed success – decommissioned in Stoke-on-Trent after one year, and not rolled out in North Staffordshire.

2016/17	
Ambition	Progress
NICE compliant eating disorder service commences.	Services in place, some challenges with staff recruitment.
Establish first stage intensive support service (South Staffordshire).	Service in place.
School-based programmes (HOPE Project in South Staffordshire) in place and effectiveness reviewed.	Provision maintained.
Address Care Quality Commission requirements of North Staffordshire CAMHS provider.	Issues addressed and CQC re-inspection recognised improvements have been made.
Improve access and reduce waiting times (North Staffordshire).	Waiting list backlog cleared in NHS provision. Overall waiting times reduced.
Revised participation programme in place –	Links between NHS and third sector

2016/17	
Ambition	Progress
in non-statutory sector.	strengthened and closer working between different participation groups is embedded.
Service in place.	Initiate neuro-psychiatry service in South Staffordshire.
Joint work with NHS England regarding CAMHS Getting Risk Support Level – (formerly Tier 4) reductions.	Quarterly meetings in place with NHS England CAMHS specialised unit caseworkers to monitor admissions and improve discharge pathways.
Outcome monitoring for therapeutic interventions in place through CYP-IAPT programme.	Embedded in NHS provision, with plans to roll out across all commissioned provision.
Workforce plans developed.	Detailed workforce plans in place with all commissioned provision.

2017/18	
Ambition	Progress
Extension of eating disorder service in South Staffordshire to address need.	Service maintained.
Full recruitment to eating disorder service in North Staffordshire.	Service fully staffed.
0-5 service in East Staffordshire to commence.	Service in place.
Review of mental health needs of looked after children commenced – with Staffordshire County Council.	Review undertaken and findings will be used to inform the recommissioning of provision during 2018/19.
Update or revise JSNA – deep-dive on mental health with a particular focus on the lower end of the spectrum and centre on root causes (for example social isolation, health and debt).	Report produced and findings used to inform planning.
Response to national Green Paper – address the needs of schools for emotional wellbeing services.	Responses submitted.
IAPT trainees supported.	Trainees attended leadership courses and other IAPT courses. Included third sector staff and one school staff member.
CYP MH Services and Schools Link Pilot Wave 2.	Expressions of interest for Staffordshire and Stoke-on-Trent to work with the Anna Freud Centre and the Department for Education to help CCGs and local authorities work together

2017/18	
Ambition	Progress
	with schools and colleges to provide timely mental health support to children and young people have been successful. 120 education establishments attended, along with mental health practitioners from a range of providers.
Transitions to adult mental health. CQUIN NHS contractual requirement.	Plan in place, milestones and targets are being met. Numbers transitioning are small. Further work planned to establish gaps in provision and explore needs of 0-25s.
Collaborative work with NHS England regarding CAMHS Risk Support service admission reduction, transitions to adult mental health.	Increase in bed nights across the LTP footprint. Some challenges with sharing data for young people which prevents multi-agency approaches to reducing admissions. Quarterly meetings remain in place.
Increase numbers of children and young people accessing emotional resilience programmes in school.	HOPE Project delivered.
Psychological Wellbeing Practitioner programme initiated and reviewed (South Staffordshire).	Practitioners recruited.
Health and justice programme commences.	Steering group in place. Some delays to NHS England approval affected recruitment timescales.
Third sector transformation programme commences.	Key performance indicators built into third sector contracts and small amount of resources made available to support IT improvement, staff training and modernisation of provision.
Development of dynamic risk register for children and young people with a disability at risk of admission.	Underway.
Linkages to the transforming care agenda strengthened.	Multi-agency partnership in place.

2018/19	
Ambition	Progress
ICS footprint strategy developed.	Delivery of the Stoke-on-Trent and Staffordshire's Approach to CYP's Mental Health and Emotional Wellbeing Strategy.
Deliver improved care pathway for young children with suspected autistic spectrum disorder in CAMHS (North Staffordshire).	Pilot has taken place and recommendations are being considered.
Ensure third sector data is reflected in overall performance data, including national minimum dataset and data quality improvement programme.	Three non-submitting providers' now flowing data.
Review access of children to early intervention in psychosis (EIP).	EIP services both at level 2 with recognised CYP pathway.
Consideration of self-referral options.	Self-referral implemented in North Staffordshire. Design work taking place in South Staffordshire.
Ensure appropriate and timely responses to CYP presenting at A&E out-of-area. All-age 24/7 acute psychiatric liaison developed.	CYP liaison in place at Royal Stoke University Hospital. Wave 2b placed for Queen's Hospital Burton. The Core 24 bid was successful. The Adult Service is leading on the development of this provision (2020). The service has not yet mobilised the aim is for it to be in place by April 2021; ward assessment currently still sits with CAMHS.
Implement plan for effective transitions from CAMHS to adult mental health.	Transitions part of routine care following implementation of CQUIN.
Bid for trailblazer MHSTs and four-week wait across Staffordshire and Stoke-on-Trent.	North Staffordshire and Stoke-on-Trent successful.

2019/20 and 2020/21	
Ambition	Progress
Review access to CAMHS for disadvantaged groups (BAME, LGBTQ+, asylum seekers, children subject to sexual exploitation and early years trauma). Ensure comprehensive service offer – will require some prioritisation and consideration in the coming year.	<ul style="list-style-type: none"> NHS Commissioners service – All care is person centred to children's needs. Every child's care is reviewed through an individual care plan which will address their needs with ethnicity data being captured for every child. Getting Help and Advice commissioned services (formerly Tier 2) capture ethnicity in their referral forms. Stoke-on-Trent City Council – Ethnicity data routinely recorded for LAC/CiC/CiN.
Workforce requirements.	Reviewed-future capacity planning and engagement with CYP-IAPT

2019/20 and 2020/21	
Ambition	Progress
Extension of intensive support service in South Staffordshire and development of service in North Staffordshire.	Funding approved to develop an intensive support service to be delivered in April 2021. This is an intensive support provision ensuring the child or young person's needs are met holistically, balancing the physical, social and psychological needs of the individuals and their families and carers.
Expand Trailblazer across South Staffordshire – Mental health Support Teams (MHSTs).	East Staffordshire have two MHSTs made up of primary mental health workers and eight education mental health practitioners. For 2021, there will be a further MHST covering Cannock, which will further enhance this school-based offer. An additional team will commence training in January 2022 for Stafford and surrounds with four more MHSTs to commence training by 2023/24
Develop an offer for under-18s across perinatal mental health.	MMHS (formerly Maternity Outreach Clinics) funding to develop a Perinatal care pathway for implementation by the end of 2022.
ASD service re-procurement (South Staffordshire).	Service commissioned. Awarded to MPFT June 2020.
Staffordshire CAMHS Transformation Project Initiation Document developed for delivery of the Long Term Plan 2023/24.	Maturity tool completed across the system February 2021.
Suicide prevention.	<ul style="list-style-type: none"> • Education and outreach will form part of the scope of the self-harm service. This activity will reach into services and settings that support children and young people, from primary care and hospitals to schools, colleges and universities • GP and primary care training will address all ages at risk, including children and young people and training or other primary care developments to support those bereaved by suicide will cover all ages • Mental health awareness and suicide prevention training made available and promoted • CYP-IAPT training for NHS and third sector staff and schools.
Wider training (for example SafeTalk) will target settings, services and professionals in contact with young people that might be at risk. An element of the community awareness raising and	<ul style="list-style-type: none"> • Established effective participation mechanisms across the area, run by young people with direct experience of accessing mental health services. These are located in local third sector providers to allow for greater independence from the statutory sector

2019/20 and 2020/21	
Ambition	Progress
<p>programme of campaign activity will have a focus on CYP and to be informed and delivered by younger experts by experience.</p> <p>The Hopezine in particular will be designed to be appealing to a younger audience as well as carrying contributions from younger survivors.</p>	<ul style="list-style-type: none"> Staffordshire County Council – various potential areas for development; currently the opportunity for child exploitation training for CAMHS, Action for Children Service and school nurse staff in the 0-19 wellbeing service, which is being secured to ensure that professionals have increased knowledge and awareness of this A programme has been completed, aimed at identifying supporting and developing training around the needs of young people presenting with any harmful sexual behaviour (HSB) and speech language and communication needs. Following this, additional speech and language therapy input is now provided into the YOS North Staffordshire Combined Healthcare Trust have led on the development in collaboration with UHNM and MPFT a trauma informed training package due to be rolled out across the system in March 2021 Offering peer support to other young people in the Getting Risk Support quadrant of THRIVE – formerly Tier 4.
<p>New Models of Care CAMHS Getting Risk Support Service (formerly Tier 4).</p> <p>Collaborative commissioning with NHS England based on new model of CAMHS specialised inpatient provision– stronger links to community teams. Implement collaborative commissioning plan with NHS England.</p>	<ul style="list-style-type: none"> ICS engagement in New Models of Care Board, and lead providers established for each area. ICS engagement in New Models of Care Board. Lead providers established for each care area The process of transferring commissioning to provider ‘collaboratives’ has started with the three areas: secure care, CAMHS T4, Adult Eating Disorder. Learning disabilities and autism are also covered. This work has commenced in the region, and clinical models are currently being developed.

2021/22	
Ambition	Progress
<ul style="list-style-type: none"> • COVID-19 response, recovery and reimagining of services following learning from COVID-19 changes • Continue to develop THRIVE model across the CYP mental health system • Expand digital offers building on gains made during COVID-19 • Participation across the CYP mental health system to be further developed • Single point of access for CAMHS Services across South Staffordshire – Getting Advice and Support (Tier 2) and Getting Help (Tier 3). • Consistent CAMHS Getting Help service model across South Staffordshire • Measurable improvement in symptoms and functioning across CYP services, data completeness and improving data quality to further improve access targets – Utilising: System Maturity Tool, Capacity and Demand Modelling Tools and CYP Access and Tracking Tool, Commissioner Progress Tracker • STP transition to Integrated Care System in 2021 • Optimisation Plan to drive whole system improvements. • Eating disorders – work around 0-25 years, increase in access review of capacity and demand in current services given growth, particularly during COVID-19. Build upon the ARFID pathway. 	<ul style="list-style-type: none"> • Services offer both face-to-face and virtual options depending on the needs of the young person • Improved understanding of THRIVE as an approach across the system, a dedicated ICS workstream focussing on THRIVE • A range of digital services are now in place for children and their carers including online CBT via partners such as Healios, the Cerebral Sandbox and virtual parent peer support • All CAMHS referrals for South Staffordshire are now processed by one central team who have clear pathways in place with 0-19 and Action for Children. This is moving into our integrated Children and Families Single Point of Access in autumn 2022 and will be formally launched • The ICS CYP Board have used the system maturity toolkit to develop their priorities and work programme with six subgroups in place covering the areas the maturity toolkit identified as priorities • ICS now in place • Additional investment in Eating Disorders services in South Staffordshire has resulted in additional practitioners to support the increase in demand into this service over the last two years.

2022/23
Ambition
<ul style="list-style-type: none"> • Formally launch the Children and Families SPA in South Staffordshire as a single pathway for all Emotional and Mental Health needs in partnership with Action for Children. Expanding the offer to incorporate the full range of specialist mental health services • To scope and develop an implementation plan for an integrated neurodevelopmental pathway (autism and ADHD) for South Staffordshire • To build the ARFID pathway, learning from pilot sites, in the capacity available • To develop a clear participation strategy where our young people are integral to our decision making • To work towards the national projection for workforce growth in line with the NHS Long Term Plan • To expand the hours of operation of the intensive support service in South Staffordshire and develop a crisis model once staffing levels are sufficient to do this safely • To increase student placements and continue to build a relationship with local universities to develop the CAMHS workforce of the future • To improve access and waiting times for core CAMHS and the Autism Team • To increase the number of peer support workers in CYP mental health services • To improve outcome monitoring for therapeutic interventions • To develop an improved service to CYP who are in the care of the local authority, working in partnership with others across physical and mental health and local authority colleagues • Embed Whole School Approaches to improve the wellbeing of the whole school population. • Improvement of transitions for the 14-25 cohort.

Risks to delivery

Recruitment of staff to newly created posts has been a challenge across all provision, as providers report a shortage of suitably qualified and competent practitioners. Based on current trajectories, there is a risk to the delivery of expanded intensive support and crisis services in South Staffordshire.

To mitigate this, the funding is being utilised to provide additional capacity across the CYP mental health system, including with providers such as Healios and Cerebral and to support additional roles in core CAMHS services. Third sector service partners have been included in the workforce planning initiatives to enable them to plan ahead and upskill their workforce to deliver services against more complex areas of need. There has been a specific transformation programme for the third sector, resourced using transformation monies.

In conjunction with the ICS Board, partners will examine the most effective ways of delivering CAMHS across the Local Transformation Plan.

Appendix 1: Mental Health Support Pathway



1. Signpost

- SCVYS find activities
<https://staffscvys.org.uk/activities/>
- Sports Clubs <https://togetheractive.org/>
- Libraries
Public Library Reading Well offer for children. 2 collections of expert-endorsed books focussing on mental health for children can be found in libraries across Staffordshire.
<https://reading-well.org.uk/books/books-on-prescription/children-for-7-11yrs>
<https://reading-well.org.uk/books/books-on-prescription/young-people-mental-health-for-13-18-yrs>

2. It's Good to Talk

- 0-19 service (school nursing and health visitors)
<https://www.mpft.nhs.uk/services/health-visiting-and-school-nursing>
- GP
- Youth Worker <https://staffscvys.org.uk/activities/>
- Family and Friends

3. Digital

- Changes
<http://www.changesyp.org.uk/>
- Action for Children
<https://www.staffordshire-ewb.actionforchildren.org.uk/>
- Chat Health
<https://www.staffordshireconnects.info/kb5/staffordshire/directory/service.page?id=KfMsVyKCaaA>
- Health for Teens
<https://www.healthforteens.co.uk/staffordshireandstoke/>

4. Education

- School Special Educational Needs and Disabilities (SEND) Local Offer and Graduated Response
<https://www.staffordshireconnects.info/kb5/staffordshire/directory/localoffer.page?localofferchannel=0>
https://www.staffordshireconnects.info/kb5/staffordshire/directory/advice.page?id=39rS4V94_r4
- Emotional health and wellbeing resources for children, parents and professionals
<https://www.staffordshireconnects.info/kb5/staffordshire/directory/advice.page?id=4Pf3vU6K9yM>

5. Mental Health Support Teams in Schools

- Mental Health Support Teams in Schools
Twitter: @MhstNorth
<https://combinedwellbeing.org.uk/our-services/>

6. Changes

- <http://www.changesyp.org.uk/>
We also have a digital platform where young people can access counselling and other resources.
This can be found at: www.speakupspace.org.uk

7. Action for Children

- <https://www.staffordshire-ewb.actionforchildren.org.uk/>

8. Child and Adolescent Mental Health

- NSCHCT
<https://www.combined.nhs.uk/our-services/children-and-young-people/>
Child focused / Therapies / Specialist Staff

9. Access

- NSCHCT
<https://www.combined.nhs.uk/our-services/children-and-young-people/>
<https://combinedwellbeing.org.uk/>
Tel: 0300 123 0907
Address:
Crisis Care Centre, Harplands Hospital,
Hilton Road, Stoke-on-Trent. ST4 6TH

10. Crisis Care Centre

- North Staffs Combined Healthcare NHS Trust (NSCHCT)
<https://www.combined.nhs.uk/our-services/adult-community/crisis-care-centre/>
Tel: 0300 123 0907
24/7 service

11. Hospital

- UHNH
<https://www.uhnm.nhs.uk/>
A&E services 24/7

12. Suicide Awareness

<https://healthwatchstaffordshire.co.uk/news/suicide-prevention-and-support-services/>

- SHOUT – Text Shout to 85258 (24/7)
- Samaritans (Stafford) – Tel: 116 123 free from any phone. 0330 094 5717 local call charges apply
- NHS links to support:
<https://www.nhs.uk/conditions/suicide/>
- PAPYRUS Prevention of Young Suicide
<https://www.papyrus-uk.org/hopelineuk/>
0800 068 41 41 (open 9am – 12 midnight)

13. River

- North Staffs Combined Healthcare NHS Trust (NSCHCT)
0300 123 0907
24/7 service
- First Response: Is there a serious concern about the safety of a child or young person?
0800 131 3126 Mon-Thurs 8.30-5 & Fri 8.30-4.30
0345 604 2886 Emergency Duty Team (outside of working hours, weekends/bank holidays)
- Emergency services
999 or 101

Children & Young People's Mental Health Support

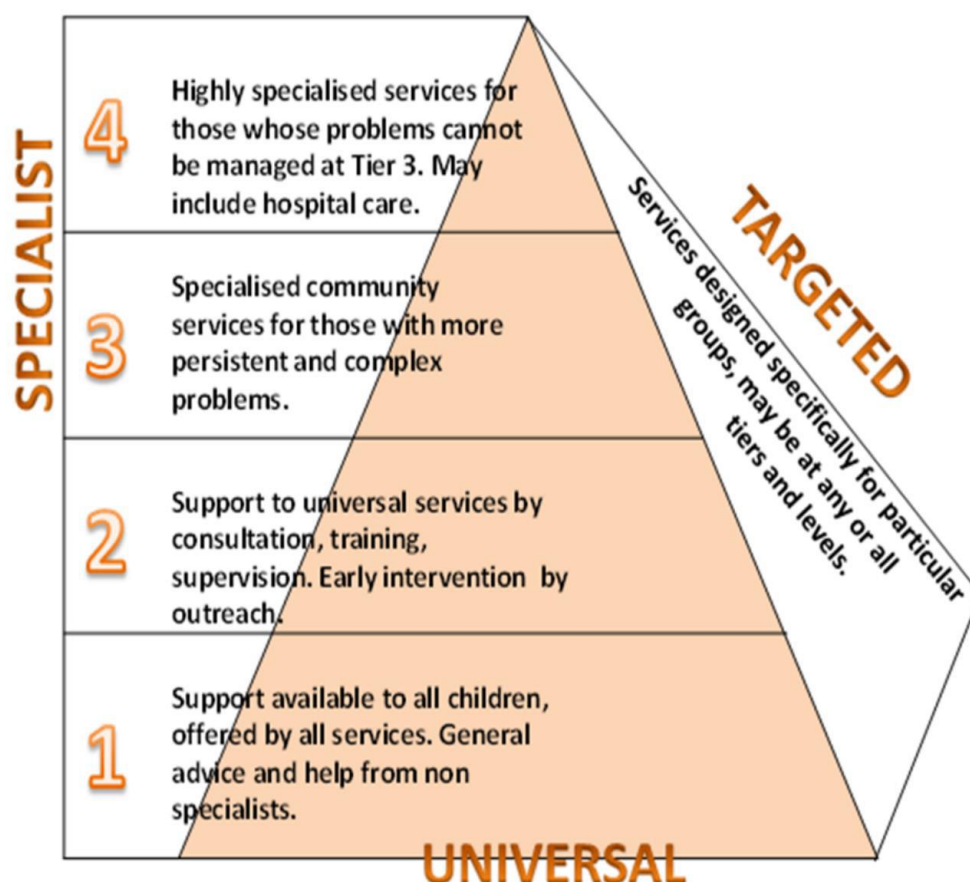
Staffordshire County Council

For more information relating to services in your area please refer to Staffordshire Connects;
<https://www.staffordshireconnects.info/kb5/staffordshire/directory/home.page>

Appendix 2: THRIVE Framework

Staffordshire and Stoke-on-Trent's emotional and wellbeing services for children and young people were previously commissioned and delivered through a tiered system – see the diagram below.

Tiered system for THRIVE



We have started to implement a new approach, moving away from the Tier model to a THRIVE delivery model, for all of our emotional wellbeing services for children and young people.

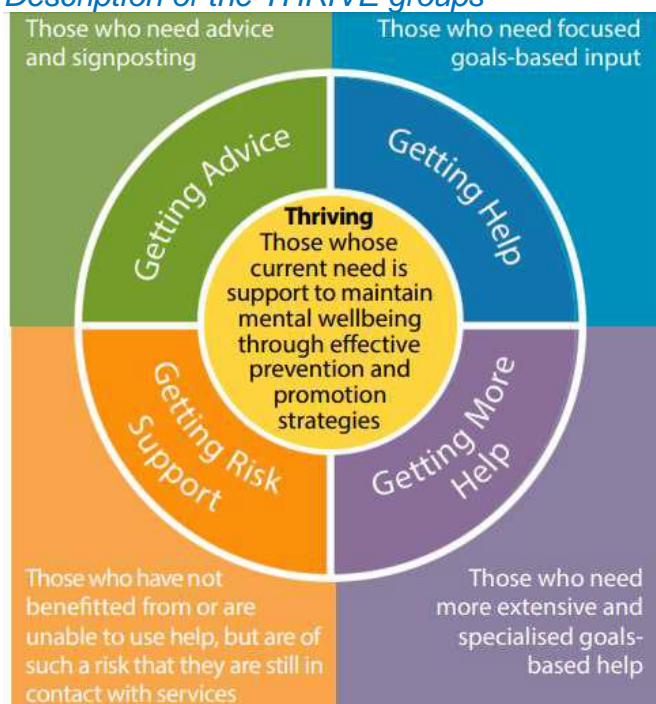
THRIVE places emphasis on prevention and early intervention.

The THRIVE Framework pictured below, will offer swift and flexible support with professionals thinking holistically about the needs of the child or young person rather than focusing on a diagnosis.

The iTHRIVE approach measures need using five categories, which are:

1. Thriving – Thriving through Prevention, Promotion and Advice
2. Getting Advice – Signposting, Advice, Self-management, Limited Contact
3. Getting Help – Goal Focused Evidence Informed Interventions
4. Getting More Help – Extensive Treatment and Risk Management
5. Getting Risk Support – Specialised Inpatient Units.

Description of the THRIVE groups



Input offered



The aim is to increase capacity across the system and support children, young people, their families and professionals to be resilient, to be informed about support available, the choices they have and to understand what they can do to help themselves.

The THRIVE Framework is being implemented via iTHRIVE – a national programme of innovation and improvement in Child and Adolescent Mental Health.

Appendix 3: Workforce

- The workforce information is presented in terms of the following categories: therapists and practitioners, administration and management. Where information is not known, this is presented as 'N/K'.
- For Getting Advice and Support provision (formerly Tier 2), this since has been commissioned from a framework since 2015 and costs are based on a total unit cost. Where possible, providers have provided information as to actual staffing establishment levels, but administration and management time allocations are not available for all providers, meaning an under-reporting of administration and management staffing levels at Getting Advice and Support. The dual role of managers in also delivering therapy sessions also hinders an accurate calculation
- Staff classified as 'social workers' in CAMHS Getting Help – targeted support (formerly Tier 3) services in South Staffordshire are social workers by background but are employed as therapists and practitioners.

Workforce information for Northern Staffordshire (data for Stoke-on-Trent workforce in Northern Staffordshire only)

Northern Staffordshire	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Tier 2							
Therapists and practitioners	11.2	11.4	12	13.39	13.4	20.9	8.3*
Administration and management	N/K	N/K	1.83	3.51	3.5	5.2	1.8*
Tier 2 total	11.2	11.4	13.83	16.9	16.9	26.1	10.1*
Tier 3							
Consultant	3	3.1	5.3	4.2	4.1	3.5	3.0
Nurse Consultant				1	1	1	1.0
Speciality doctor	0.8	0.8	0.8	0.8	0.8	0.8	2.0
Therapists and practitioners	39.84	55.15	52.24	49.57	57.92	90.12	130.01
Social workers	5.08	5.08	5.08	2.5	1	1	1.0
Administration	13.86	18.19	21.47	21.91	19.56	21.29	16.36
Management	1.21	1.5	1.62	1.2	0.68	1.25	1.4
Tier 3 total	63.79	83.82	86.51	81.18	85.06	118.96	153.77

Workforce information for Southern Staffordshire (data for the Staffordshire workforce, including both Northern and Southern Staffordshire)

Southern Staffordshire	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Tier 2							
Therapists and practitioners	8.7	8.7	8.7	7.17	7.2	12	14.2*
Administration and management	N/K	N/K	0.8	3.15	3.1	4	4.9*
Tier 2 total	8.7	8.7	9.5	10.32	10.3	16	19.1
Tier 3							
Consultant	5	5	5.1	4.6	4.6	6.4	4.7
Specialty Doctor	1.8	1.8	2.2	1.8	2.2	2.7	2.8
Therapists and practitioners	39.18	60.31	55.57	49.75	50.83	84.63	95.8
Social workers	4.74	4.74	4.74	4	1.2	1.33	1.7
Administration	18.52	22.52	20.52	21.22	17.37	28.01	29.9
Management	1.2	6	2	2	4.6	5.5	5.5
Tier 3 total	70.44	100.37	90.13	83.37	80.80	128.57	140.4

Appendix 4: Investments

The NHS indicative England allocations by CCGs for Eating Disorder and Transformation Plan are shown in the tables below. Actual investment in CAMHS for 2014/15 (the baseline year) is shown – this is the total investment, comprising usual investments made by clinical commissioning groups and investment made by the two local authorities.

A review of the baseline for 2014/15 identified an error for Staffordshire local authority commitments which has been corrected.

2014/15 Expenditure across all CAMHS Funding Streams (Baseline Year)

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£417,656	£1,316,103	£2,516,000	£1,807,690	£864,169	£1,383,129	£732,430	£224,940	£9,528,111
Specialised Commissioning	-	-	£1,226,155	£703,690	£784,678	£649,826	£122,727	£79,422	£3,566,498

2016/17 Expenditure across all CAMHS Funding Streams

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£576,688	£1,303,572	£2,792,000	£1,562,000	£1,329,878	£2,294,972	£1,936,522	£664,000	£12,459,632
Specialised Commissioning			£1,996,052	£2,322,744	£931,549	£652,087	£266,611	£119,642	£6,288,685

2017/18 Expenditure across all CAMHS Funding Streams

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£576,688	£1,263,858	£3,415,000	£2,039,000	£2,916,530	£5,351,259	£2,253,234	£938,000	£18,753,570
Specialised Commissioning			£ 2,764,056	£1,967,705	£703,379	£715,601	£261,889	£334,035	£6,744,655

2018/19 Expenditure across all CAMHS Funding Streams

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£576,688	£1,263,858	£3,898,000	£2,144,000	£3,416,000	£5,257,000	£2,708,000	£2,718,000	£21,981,546
Specialised Commissioning			£2,764,056	£1,967,705	£703,379	£715,601	£261,889	£334,035	£6,744,655

2019/20 Expenditure across all CAMHS Funding Streams

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£576,688	£1,263,858	£4,288,000	£1,654,000	£3,660,000	£5,380,000	£3,470,000	£3,190,000	£23,482,546

2020/21 Expenditure across all CAMHS Funding Streams

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford & Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£576,688	£1,263,858	£4,913,137	£3,190,952	£3,302,304	£4,897,189	£3,097,799	£3,234,187	£24,476,113

2021/22 Expenditure across all CAMHS Funding Streams

	Stoke-on-Trent City Council	Staffordshire County Council	Stoke-on-Trent CCG	North Staffs CCG	Stafford & Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Staffordshire Commissioners	£576,688	£1,263,858	£5,710,070	£4,179,914	£3,788,902	£5,589,689	£3,709,799	£3,801,756	£28,620,676

Note: The data provided in the tables above for Specialised Commissioning is accurate up to 2018/19. Due to COVID-19 pressures, the relevant departments have been unable to provide a further update.

Clinical Commissioning Groups Funding Allocations 2015/16

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£413,170	£299,890	£181,126	£264,165	£178,114	£170,376	£1,506,841
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	£601,990
Total	£578,233	£419,698	£253,487	£369,700	£249,271	£238,422	£2,108,831

Clinical Commissioning Groups Funding Allocations 2016/17

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£636,314	£456,301	£290,655	£430,583	£273,072	£265,419	£2,352,344
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	£601,990
Total	£801,377	£576,109	£363,016	£536,118	£344,229	£333,485	£2,954,334

Clinical Commissioning Groups Funding Allocations 2017/18

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£748,000	£536,000	£249,402	£317,791	£247,717	£228,022	£2,326,932
Eating Disorder	£165,063	£119,808	£72,361	£105,535	£71,157	£68,066	£601,990
Total	£913,063	£655,808	£321,763	£423,326	£318,874	£296,088	£2,928,922

Clinical Commissioning Groups Funding Allocations 2018/19

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£916,000	£665,000	£406,000	£591,000	£397,000	£373,000	£3,349,000
Eating Disorder	£161,000	£117,000	£72,000	£105,000	£70,000	£66,000	£591,000
Total	£1,077,000	£782,000	£478,000	£696,000	£467,000	£439,000	£3,940,000

Clinical Commissioning Groups Funding Allocations 2019/20

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£1,051,135	£760,123	£468,677	£683,898	£456,369	£433,221	£3,851,423
Eating Disorder	£220,516	£158,894	£99,600	£145,914	£96,147	£91,642	£812,713
Total	£1,271,651	£919,017	£568,277	£829,812	£552,516	£522,863	£4,664,136

Clinical Commissioning Groups Funding Allocations 2020/21

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£1,242,334	£895,103	£557,824	£816,401	£540,354	£514,226	£4,566,242
Eating Disorder	£279,087	£200,265	£154,535	£186,564	£121,972	£117,104	£1,059,527
Total	£1,521,421	£1,095,368	£712,359	£1,002,965	£662,326	£631,330	£5,625,769

Clinical Commissioning Groups Funding Allocations 2021/22

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£1,403,552	£1,009,483	£633,425	£929,101	£611,774	£584,947	£5,172,282
Eating Disorder	£282,428	£202,796	£156,239	£189,206	£123,558	£123,787	£1,078,014
Total	£1,685,980	£1,212,279	£789,664	£1,118,307	£735,332	£708,734	£6,250,296

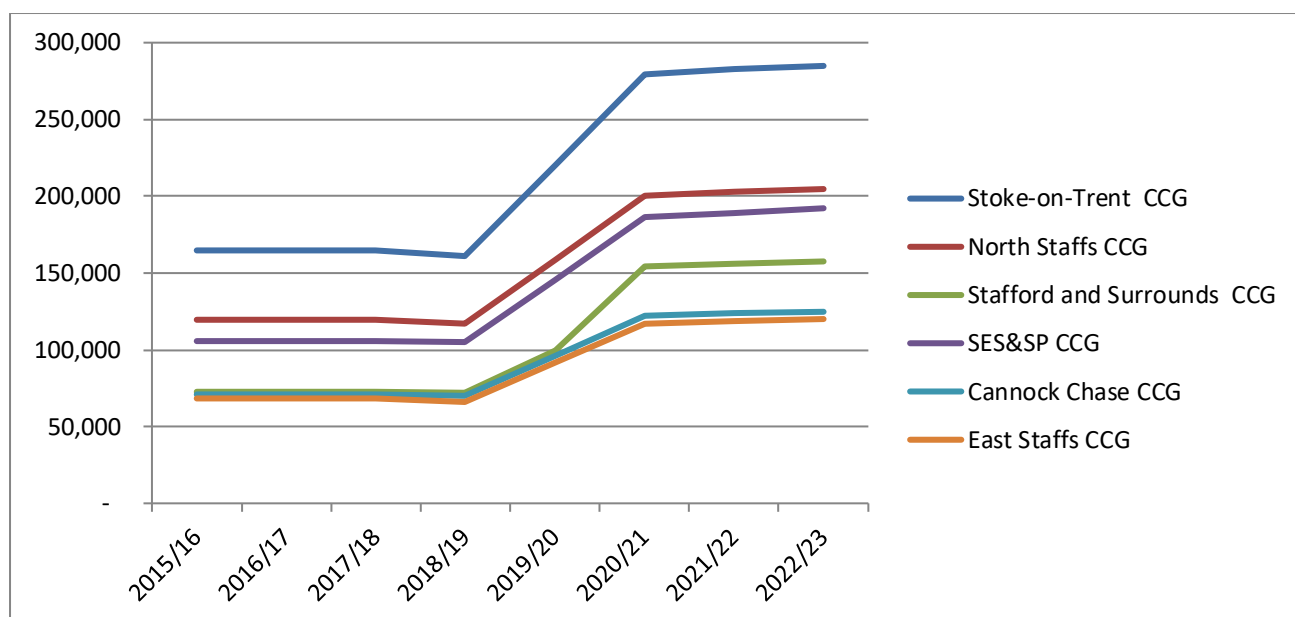
Clinical Commissioning Groups Funding Allocations 2022/23

	Stoke-on-Trent CCG	North Staffs CCG	Stafford and Surrounds CCG	SES&SP CCG	Cannock Chase CCG	East Staffs CCG	Total
Transformation Plan	£1,710,598	£1,227,547	£777,627	£1,143,916	£747,885	£719,867	£6,327,440
Eating Disorder	£284,841	£204,661	£157,516	£192,164	£124,729	£120,016	£1,083,927
Total	£1,995,439	£1,432,208	£935,143	£1,336,080	£872,614	£839,883	£7,411,367

Note: The numbers above have been produced by the 'Mental Health Long Term Plan Ambitions Tool'. As the Ambitions Tool sets out an indicative estimate of spending per priority categories, following guidance set out in the financial caveat section, it should not be used as targets or performance managed against.

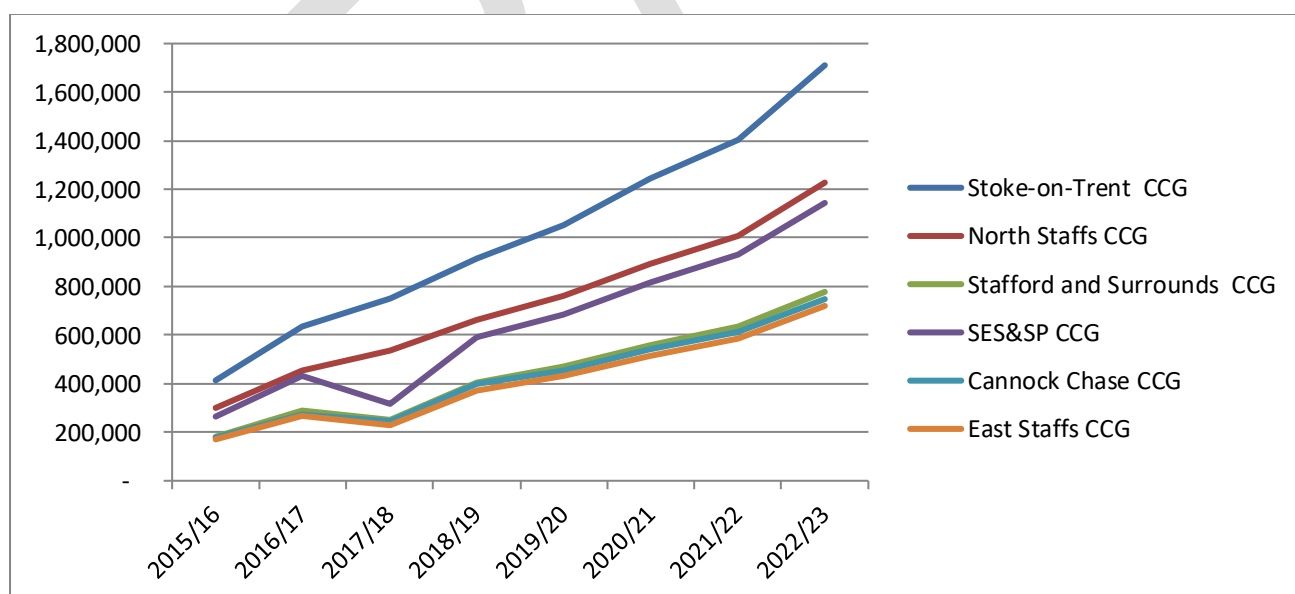
The graph below demonstrates the investment levels across the CCGs in the ICS by value and years for the Eating Disorder Funding showing a clear trajectory.

Eating Disorder Funding



The graph below demonstrates the investment levels across the CCGs in the ICS by value and years for the Transformation Funding showing a clear trajectory.

CCG Transformation Funding



Appendix 5: Priorities risk register

Workstream Name	Children and Young People's Mental Health
Project Name (if applicable)	Local Transformation Plan
Executive Sponsor	Chris Bird
Accountable Lead	Nicola Bromage
Project Manager	Josephine Povey
Date Updated	22/07/22

Calculate Risk Score = Likelihood x Consequence (LxC)

Risk assessment criteria			Project consequence level				
Project likelihood level	Project consequence level	X	1	2	3	4	5
1 = Rare	1 = Negligible	1	1	2	3	4	5
2 = Unlikely	2 = Minor	2	2	4	6	8	10
3 = Possible	3 = Moderate	3	3	6	9	12	15
4 = Likely	4 = Major	4	4	8	12	16	20
5 = Almost certain	5 = Catastrophic	5	5	10	15	20	25

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	Significant risk
15 - 25	High risk

Risk Number	Date Raised	Risk Title and Description	Raised By (Project)	Original Risk Score: Likelihood	Original Risk Score: Impact	Original Risk Score: Score	Risk Owner (Org)	Risk Lead (Person)	Risk Controls and Actions	Comments
1	26/07/22	Reduced accessibility to some services and support due to lack of digital technologies Inadequate use of available technology to improve accessibility and effectiveness.	Commissioner	1	2	3	Commissioner	N Bromage	<ul style="list-style-type: none"> To scope current use of technology across the system Developing procuring and providing new digital technology across the system. 	<ul style="list-style-type: none"> COVID-19 has resulted in a positive response in regard to providers accelerating the offer of digital technologies to enable CYP to access Digital Exemplar in place in North Staffordshire commenced 2020 Changes Stay Well – has a digital referral system in place Action for Children are delivering their service digitally (such as via SilverCloud, Zoom and MS Teams) ChatHealth provided across Staffordshire by school nursing.
2	26/07/22	The THRIVE across the CYP system in the system The absence of the embedding of the THRIVE delivery model impacts the quality and standards of service development and creates a disparity in culture across the system.	Commissioner	4	3	12	Providers	N Bromage	<ul style="list-style-type: none"> Baseline review of delivery model across the system utilising NHS England and NHS Improvement Maturity Tool Maturity tool to identify base line in terms of the need to implement across the system to embed the 	<ul style="list-style-type: none"> Maturity tool reviewed in collaboration with partners across the system. Identified workstreams and actions identified to enhance service provision and a joined up approach Commissioning THRIVE delivery programme across the system.

								THRIVE model	
								<ul style="list-style-type: none"> iTHRIVE delivery model to be scoped and financed. 	
3	26/07/22	<p>Significant investment has been put into crisis and intensive support services</p> <p>IF it is easier to access these services than lower level services THEN there is a risk that CYP and families either have to wait to be in crisis to access services or will inappropriately access A&E and other emergency portals to obtain CAMHS support.</p>	Commissioner	3	4	12	Commissioner	<p>N Bromage</p> <ul style="list-style-type: none"> Strengthening single point of access in South Staffordshire to provide more access to Getting Advice and Getting Help Services to mitigate this risk Investment into MHST for schools. 	<ul style="list-style-type: none"> CYP 24/7 home treatment now an ICS priority for delivery from April 2021 Intensive Outreach Service provided by MPFT and NSCHT operating a flexible service 8am to 8pm flexibly around the needs of the children and young people and their families Availability of suitable workforce is preventing teams from operating 24/7.
4	26/07/22	<p>Workforce supply: There is risk for CYP due to the availability of a skilled workforce</p> <p>Implementing the plan is predicated on expansion in services which will need significant additional workforce IF we cannot recruit the necessary workforce THEN there will be a risk to delivery of the plan.</p>	Commissioner	4	4	16	Commissioner	<p>N Bromage</p> <ul style="list-style-type: none"> MPFT are developing the concept of a CAMHS academy to look to have a more robust way to grow our own workforce Recruit to train practitioners who are employed across both organisations, providing a pipeline into lower-level CBT roles. 	

5	26/07/22	<p>There is a risk in the delivery of a reduced service to those CYP who are from minority groups</p> <ul style="list-style-type: none"> • Demand exceeds the Capacity to support the neurodevelopmental pathway • There is a disparity in the commissioned provision across the system • The commissioned pathways in place to meet the needs of commissioned required needs of the family courts and placement needs are insufficient creating delays. 	Commissioner	3	3	9	Commissioner	N Bromage	<ul style="list-style-type: none"> • Review of CAMHS and ASD treatment services commissioned including the voice of children, young people and their parents • Workstream reviewing the commissioning of a pathway to support the family courts and assessments required. 	
6	26/07/22	<p>There is a risk to delivering a model of early detection and intervention in all schools due to a lack of provision across the whole system</p> <ul style="list-style-type: none"> • Rise in longer-term mental distress for CYP • Increase in referrals to core CAMHS • Increase in referrals to wellbeing services • Reduced recovery rates. 	Commissioner	3	2	6	Commissioner	N Bromage	<ul style="list-style-type: none"> • Trailblazer pilot in operation across the system – North Staffordshire, East Staffordshire, Stoke-on-Trent and Cannock Chase CCG areas • MHST in Stafford and surrounds will start in January 2022 with a further four MHSTs set up by 2023/24 • Anna Freud school link programme to be delivered in 2020/21 • Self-help info and apps, training for staff (such as MHFA training, Wellbeing for Education Return project etc). 	DfE and DHSC Wellbeing for Education Return project being delivered across the ICS footprint to education colleagues.

7	26/07/22	<p>There is a risk to CYP in terms of safe and effective treatment pathways when transitioning to other services</p> <ul style="list-style-type: none"> Continuity and standards of care are inequitable Services in CAMHS and adult are commissioned differently creating a gap in service CYP falling through the gaps between services, meaning CYP are not receiving timely support. 	Commissioner	2	2	4	Commissioner	N Bromage	<ul style="list-style-type: none"> Aspiration to commission and deliver all-age services that are equitable. 	MPFT and NSCHT as part of the community transformation programme are working on a preparation to adulthood pathway for those aged 14-25.
8	26/07/22	<p>New models of care: Tier 4 – Getting Risk Support</p> <p>Pace of delivery and releasing investment into community/admission avoidance provision.</p>	Commissioner	3	4	12	Commissioner	C Hardisty	<ul style="list-style-type: none"> ICS fully engaged in programme. 	

Glossary

Acronym	Expanded acronym	Explanation
A&E	Accident and Emergency	A hospital department for major, life-threatening illnesses and injuries.
AMHS	Adult mental health services	All services that work with adults who have difficulties with their emotional or behavioural wellbeing.
ARFID	Avoidant restrictive food intake disorder	This is similar to anorexia in that both disorders involve limitations in the amount and/or types of food consumed, but unlike anorexia, does not involve any distress about body shape or size, or fears of being fat.
ARMS	At risk of mental state	At risk mental state, is a term which is used by health professionals to describe young people, aged 14-35 years, who are experiencing perceptual changes that might be early, low level, signs of psychosis
ASD	Autistic spectrum disorder	A number of symptoms and behaviours which affect the way in which a group of people understand and react to the world around them.
BAME	Black, Asian and Minority Ethnicity	
CAMHS	Child and Adolescent Mental Health Service	All services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
CAT	Cognitive analytic therapy	A type of therapy that combines ideas from analytic psychology and cognitive therapy.
CBT	Cognitive behaviour therapy	A talking therapy that can help you manage your problems by changing the way you think and behave.
CCG	Clinical Commissioning Group	A clinically-led statutory NHS body responsible for the planning and commissioning of healthcare services for their local area.
CE	Child exploitation	
CiC	Children in Care	Children who have been in the care of their local authority for more than 24 hours. They are also often referred to as 'looked after children', but many children and young people prefer 'children in care'.

Acronym	Expanded acronym	Explanation
CiN	Children in Need	Defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
CMHT	Community Mental Health Team	Supports or treats people with mental disorders in a domiciliary setting, instead of a psychiatric hospital.
CORC	Child Outcomes Research Consortium	The UK's leading membership organisation that collects and uses evidence to enable more effective child-centred support, services and systems to improve children and young people's mental health and wellbeing.
Core 24	Psychiatric Liaison level of provision	A service for people with mental health or substance misuse needs who access to an accident and emergency department.
CYP	Children and young people	'Children' refers to younger children who do not have the maturity and understanding to make important decisions for themselves. 'Young people' refers to older or more experienced children who are more likely to be able to make these decisions for themselves.
CYP-ED	Children and young people – eating disorders	Any of a range of psychological disorders characterised by abnormal or disturbed eating habits (such as anorexia). In this case, it is an eating disorder which affects children and young people.
CQUIN	Commissioning for Quality and Innovation	A system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care.
CYPMH	Children and young people's mental health	Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.
CYPWP	Children and young people wellbeing practitioner	Trained to assess and support people with common mental health problems – principally anxiety disorders and depression – in the self-management of their recovery.
DBT	Dialectical behaviour therapy	A type of cognitive behaviour therapy. Its main goals are to teach people how to live in the moment, cope healthily with stress, regulate emotions, and improve relationships with others.

Acronym	Expanded acronym	Explanation
DfE	Department for Education	The government department responsible for children's services and education, including early years, schools, higher and further education policy, apprenticeships and wider skills in England.
DHSC	Department of Health and Social Care	The government department responsible for government policy on health and adult social care matters in England.
ED	Eating disorder	Any of a range of psychological disorders characterised by abnormal or disturbed eating habits (such as anorexia nervosa).
EIP	Early intervention in psychosis	Services which work with someone the first time they have psychosis. Psychosis means having unusual beliefs or experiencing things that other people do not, like hearing voices.
EMDR	Eye movement desensitisation and reprocessing	A psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences.
EMHP	Educational mental health practitioner	Work across education and healthcare settings to provide early intervention mental health support for children and young people in schools and colleges.
FT-AN	Family therapy for anorexia	Family therapy involves the patient and their family talking to a therapist, exploring how anorexia has affected them and how their family can support them to get better.
GP	General practitioner	A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.
HEE	Health Education England	Supports the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce has the right numbers, skills, values and behaviours, at the right time and in the right place.
HOPE	Helping Our Pupils' Emotions	A Staffordshire-based project that offers mental health support to children and families in primary and secondary schools.
HSB	Harmful sexual behaviour	This is developmentally inappropriate sexual behaviour which is displayed by children and young people and might be harmful or abusive.
IAPT	Improving access to psychological therapies	An NHS service designed to offer short-term psychological therapies (CBT) to people suffering from anxiety, depression and stress.

Acronym	Expanded acronym	Explanation
ICB	Integrated Care Board	The statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities in the NHS. Replaced the NHS Clinical Commissioning Groups on 1 July 2022.
ICS	Integrated Care System	Partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
iTHRIVE		A national programme of innovation and improvement in Child and Adolescent Mental Health using the THRIVE Framework for system change.
JSNA	Joint Strategic Needs Assessment	A review of the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, wellbeing and social care services in a local authority area.
KLOE	Key lines of enquiry	Ensures consistent recording of findings and generates the Care and Treatment Review report.
LAC	Looked after children	Children who have been in the care of their local authority for more than 24 hours. They are also often referred to as 'children in care', a term which many children and young people prefer.
LD	Learning disabilities	A reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.
LGBTQ+	Lesbian, gay, bi-sexual, transgender, queer (or questioning) and others	Terms used to describe a person's sexual orientation or gender identity.
LTP	Local Transformation Plan	Sets out how local services will invest resources to improve children and young people's mental health across the 'whole system'. These plans are 'living documents', and local areas are asked to refresh and republish them every year.
MDT	Multi-disciplinary team	A group of healthcare workers who are members of different disciplines (professions such as psychiatrists and social workers) each providing specific services to the patient.
MH	Mental health	A person's condition with regard to their psychological and emotional wellbeing.

Acronym	Expanded acronym	Explanation
MH5YFV	Mental Health Five Year Forward View	The national plans for improving and expanding mental healthcare, which continues to be central to the NHS and forms the first part of the NHS Long Term Plan (2019).
MHST	Mental Health Support Team	Treat children and young people with mild to moderate mental health issues in school and will help those with more severe needs to access the right support and provide a link to specialist NHS services.
MHSDS	Mental Health Services Dataset	Record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services.
MPFT	Midlands Partnership NHS Foundation Trust	An integrated organisation that provides physical and mental health, learning disabilities and adult social care services.
NCAP	National Clinical Audit for Psychosis	A three-year improvement programme to increase the quality of care that NHS mental health trusts provide to people with psychosis.
NHS	National Health Service	The publicly-funded national healthcare system for England. It is the largest single-payer healthcare system in the world.
NICE	National Institute for Health and Care Excellence	An executive non-departmental public body of the Department of Health in the UK.
NSCHT	North Staffordshire Combined Healthcare NHS Trust	The NHS trust that provides 24/7 cover for all mental health services across Stoke-on-Trent and North Staffordshire.
NVR	Non-violent resistance	The practice of achieving goals such as social change through symbolic protests, civil disobedience, economic or political non-cooperation, or other methods, while being non-violent.
PEP	Personal Education Plan	Tracks educational progress and achievement. If a child or young person has special educational needs and/or disabilities, their PEP should detail this and the support that they receive.
PLT	Protected learning time	Is time that is set aside to allow staff the opportunity to participate in a training, learning or development event.

Acronym	Expanded acronym	Explanation
PoS	Place of Safety	Used by the police when Section 136 of the Mental Health Act is used.
PRU	Pupil Referral Unit	An alternative education provision which is specifically organised to provide education for children who aren't able to attend school and might not otherwise receive suitable education.
QNCC-ED	Quality Network for Community Eating Disorder services for children and young people	
RTA	Referral to assessment	An assessment to gather information and to analyse the needs of the child or children and/or their family and the nature and level of any risk of harm to the child or children after a child protection referral is made to Children's Services.
RiO/Lorenzo		Electronic Patient Record Systems.
RTT	Referral to treatment	The NHS Constitution gives patients the right to access services in maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible.
SARC	Sexual Assault Referral Centre	A specialist medical and forensic service for anyone who has been raped or sexually assaulted.
SCC	Staffordshire County Council	The top-tier local authority for the non-metropolitan county of Staffordshire.
SEND	Special Educational Needs and Disabilities	A child or young person with a learning difficulty and/or a disability that means they need special health and education support.
SES&SP	South East Staffordshire and Seisdon Peninsula CCG	The clinical commissioning group who commission services for a population of 217,450 people. The 29 member GP practices are divided into four Primary Care Networks – Seisdon, Lichfield, Burntwood and Mercian.
SLA	Service Level Agreement	A service-level agreement (SLA) sets the expectations between the service provider and the customer and describes the products or services to be delivered, the single point of contact for end-user problems, and the metrics by which the effectiveness of the process is monitored and approved.

Acronym	Expanded acronym	Explanation
SNOMED	Systematised nomenclature of medicine	A systematic, computer-processable collection of medical terms to provide codes, terms, synonyms and definitions which cover anatomy, diseases, findings, procedures, microorganisms, substances etc.
SPA	Single point of access	
STP	Sustainability and Transformation Partnership	Used to run services in a more coordinated way, to agree system-wide priorities, and to plan collectively how to improve residents' day-to-day health.
THRIVE		A whole system, integrated approach to care that aims to integrate health, social care and education systems, and to understand how independent and voluntary sector organisations play a part in caring for young people.
UHNM	University Hospital of North Midlands NHS Trust	The NHS trust which runs Royal Stoke University Hospital in Stoke-on-Trent and County Hospital in Stafford.
WHAM	Wellness and Health Action Map	An easy, practical way of helping an individual to support their own mental health at work, and for managers to support the mental health of their team.
WTE	Whole-time equivalent	A unit that indicates the workload of an employee to aid comparison. Typically 1.0 WTE represents a working week of 37.5 hours, so 0.8 WTE would be 30 hours and 2.0 WFE would mean the equivalent of two full-time employees.
YOS	Youth offending services	The service that youth offending teams work through.